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	DITHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	e filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, o
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	e	6
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Shaner FLORA 3 93 2:33 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS. 7. DATE OF BURTH BIRTHPLACE (State or Foreign Country) 10-06-1906 HOURS 1 M 2 F YRS. 86 215-36-6315 MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Allegany Cumberland RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Allegany Cumberland YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 819 Brookfield Avenue 21502 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 ND Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY Specify: white 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondary (0-12) College (1-4 or 5+) housewife <u>unknown</u> own hame notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Cora Harrison John Flora BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 819 Brookfield Avenue Cumberland, MD 21502 Ms. Martha F. Shaner ě 26s. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 3-30 Sunset Memorial Park Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home ines Cumberland, MD 21502 23. PART i. Enter the diseases, or complications that could the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition boonday resulting in death) traumatic event, DUE TO (OR AS A CO MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 0 any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24s. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 WHO shows : 1 YES 2 HO PHYSICIAN: 23 25. WAS CASE RE Item EXAMINERTY NO 26. PLACE OF DEATH /Check of HOSPITAL: OTHER: Inpettent 2 | EN/Outp 3 III DOA ng Home 5 - Residence 6 - Other (Specify) marked, or 37. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, War) 28s. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Xejetural 5 Pending M ВУ 1 YES 2 NO 2 Accident 25e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide .00 28f. LOCATION (Street and Number or Plural Route Number, Olly or Soun, State) COMPLETED 6 Could not be 4 Homicide 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and pieca, and due to the cause(a) end menner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of as estigation, in my opinion, death occured at the time, data and place, end due to the cause(a) and manner as stated, 296-SIGNATURE AND TITLE OF CERTIFIES BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 14393 2 PLETED CAUSE OF DEATH (ITEM 27) Type. Print)

Frederick Miltenberger M.D., Johnson Heights Medical Bldg., Cumberland, MD 21502

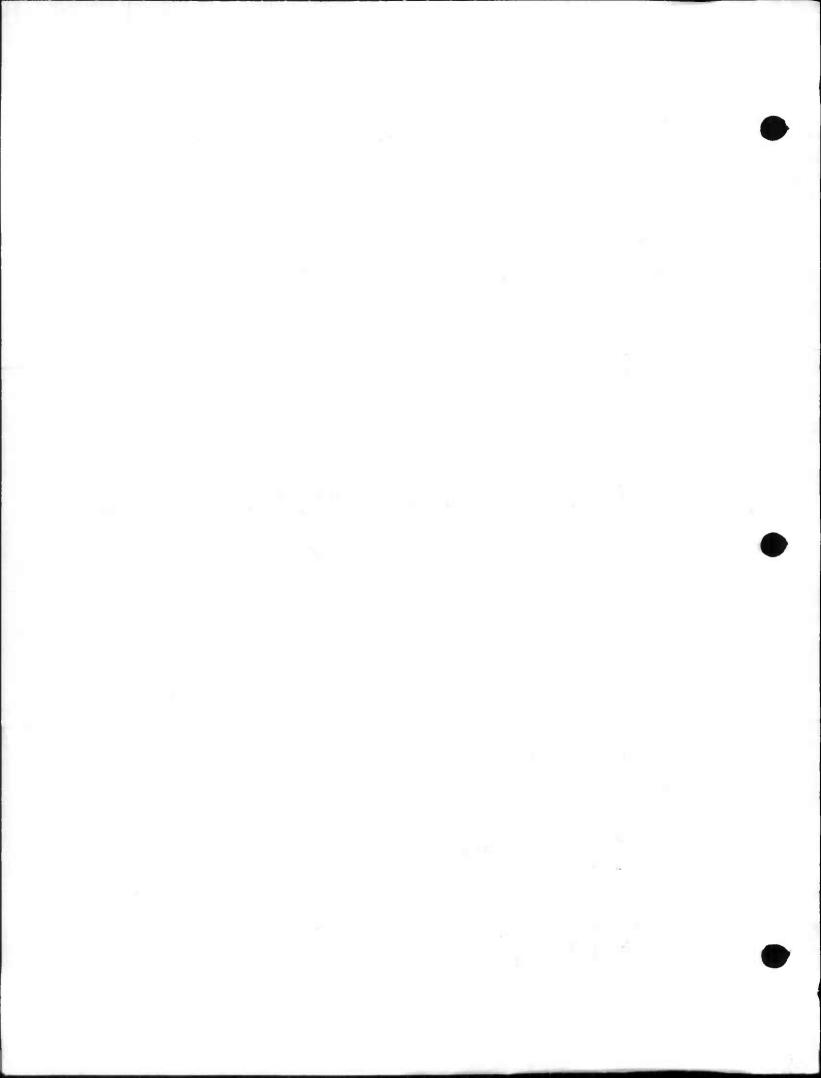
3 HEGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, IBALT MORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after each remaining physician and completely filled in by the arterior of physician and completely filled in by the arterior of physician and Mental Hygiens prior to bunial, cremation, or removal.

tache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	OURS	E
TO THE FUNERAL D	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	H
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR ERTIF					MENT		GIEN 3. NO.		J	11302
	1. DECEDENT'S NAME (First	, Middle, Last)			_,,,,,,			-		2. D/	TE OF DE	ATH		_	3. TIME OF DEATN
	FRA	ANKLIN	SYLVES	TER	STA	ANTON	ī				nth rch 2	04	w 1993	YEAR	8:00 A M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. ia		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DA	TE OF BIR	TH	199	S. BIRTI	NPLACE (State or Foreign
	219-14-6756		1 X M 2 □ F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct	onth, Day, 1	191	7	Count	land
_ {	Sa. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH														
O H	Memoria	1 Hosp	oital			Cu	mbe.	rland	1				/	11es	rany
5	RESIDENCE OF DEC	10b. COUNTY							<u> </u>				E	7116	
DIRECTOR	Maryland	Garre				Y, TOWN									10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	darre			<u>u</u>	rant									1 YES 2 NO
A B	Star Route,	Boy 3	7 Fino	Clay Dd				21 E 2							WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	DOX 3	12. WAS DECEDEN				_	2153					U:		
	1 Never Married 2 🔀	Married	FORCES? 1	YES 2	NO		if yes, sp	ecity Cubi	ın, Mexice	n, Puer	GIN? (Spec to Rican, a	ify Yea (c.)	or No-	14. RACI	E — American Indian, k, Whila, atc.
BY	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR DATES"			1 🗌 YES	2 X NO	Specifi	y :				Spec	"y: ite
B	15. DEC	EDENT'S EDUC	CATION	16a. Di	CEDENT'S	USUAL O	CCUPATIO	ON		1	16b. KIND (OF BUS	INESS/ING		100
ш	Elementary/Secondary (0		College (1-4 or 5) (G	live kind of Do NOT u	work done (se retired.)	during mo	ost of world	ng						
MP	12 th			F	arme	r					Farm	ing			
COMPLETED	17. FATHER'S NAME (First, M							18. MOT			st, Middle, I				
BE			Earl Sta					<u> </u>			a Ore				
임	Esther K.		on.		b. MAILING										
	20a. METHOD OF DISPOSIT		OH	20b. PLACE	star				/, u						
	1 Donation 5 Other	n 3 🗆 Reme	ovel from State	cemetery, cre	ematory or p	ther place)	moto	ame of		1	ATE 2				1000
	1 Sures 2 Cremetton 3 Ramovel from State Cemetery, Cremetory or other place) 4 Donatton 5 Other (Specify) Grantsville Cemetery 3-29 Grantsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Newman Funeral Homes, P.A. 155 Main St. Grantsville, MD 21536 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate														
CERTIFICATION	ehock, pr h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentielly list conditi If any, leading to immer cause, Enter UNDERLYI CAUSE (Disease or inju	Dns, diate	a. DUE TO	(OR AS A CONSE	OUENCE O	2	WZ	fl (el el	l	Ly	8	have	A.	Approximate Interval Between Onset and Death
ERTIF	that initiated events resulting in death) LAS	· L	d.	DR AS A CONSE	ZO-S	3	-	^							
MEDICAL	PART II. Other significa	nt condition	s contributing to	death but not i	resulting	in the un	derlyin	g cause (given in	Part I.	P	ERFOR		240	WERE AUTOPRY FINDINGS ANALASE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	n seemen .													
2	EXAMINER?	MEDICAL	HOSPITAL:	energe of the con-		OTHER		ACE OF D	EATH (Ch	HER DINY	one/	_			
₹	27. MANNER OF DEATH		1) Inpatient 3		,		_		reidence	_	ther (Specif	_			
	1 Natural 5 🗆	Panding	(Month, D		SBP LIM	URY		RIC7	1 00	28d. D	NESCRIBE I	HOW IN	JUNY OC	CURED	
à	3 C Substan	investigation	28a, PLACE O	F INJURY At ho	me, farm, r	street facts	1 1 1 1 1 1 1 1	YES 2) NO	701 1	OCATION O	Description of the	and the make of	and the sect of	loute Mumber
		Could not be letermined	building,	wto, (Specify)		10001111111	DAISWINS		- 1	Č.	ity or Town,	Situro)	THE PROPERTY.	or rivine e	osa mimour
E	29a. CERTIFIER 1 CERT	IFYING PNYSIC	CIAN: To the best of	my knowledne de	oth course	ad at the ti	444	and alass				_		_	
COMPL	(Check only one) 2 MEDI	CAL EXAMINE	R: On the basis of a	amination and/or	Investigatio	n, in my o	pinion, d	eath occur	ed at the	time, di	cause(a) ar ata and pla	ca. and	ner aa stat I due to th	ed. e causeía) and manner as stated.
	296. SIGNATURE AND TYPLE			/					ENSE NUM					E SIGNED	
8	4		1) "	1					3371	WELT !			12	2	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATN (ITE	M 27) (Type,	Print)		25 6	J J / I			- 1	ر -	1	1 2 10
	Dr Qamar 2	Zaman	Johnson	Heights			B1d	g C	umbe	rla	nd, l	MD	2150	2	l
- 10	31. DATE FILED APPROPRIES	ed) cons	32. PASSTRA	R'S SIGNATURE											

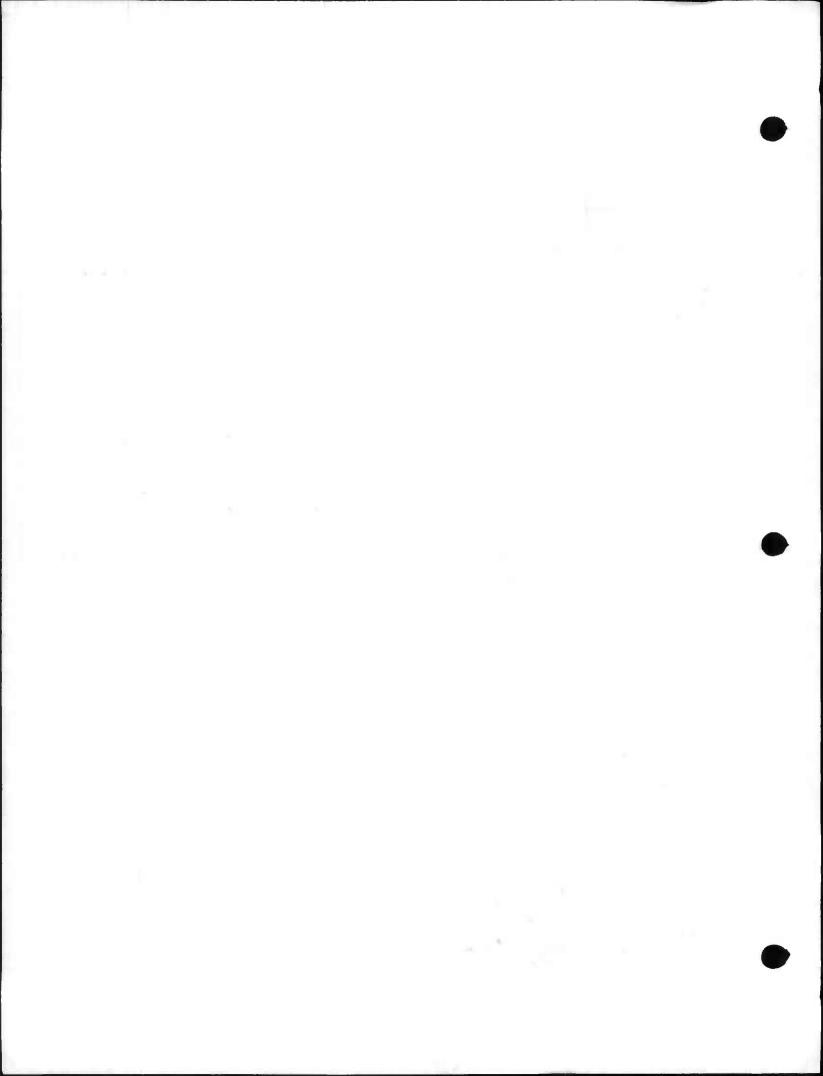


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

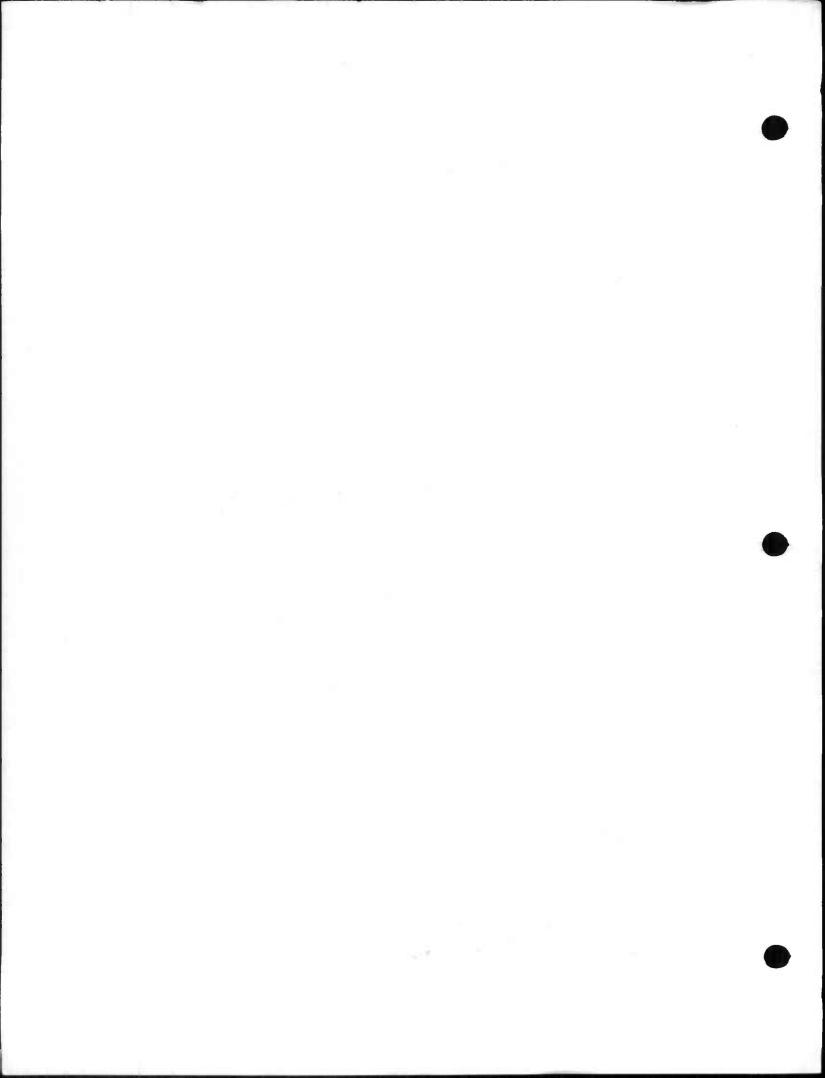
	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 0	CHARLES CALVIN SCH	RAMM				04 01		9:40 P M
	0. 0.000 0.000 0.000		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign intry)
9	<u> </u>	1 X M 2 D F	90 YRS.	MONTHS DAYS	HOURS MIN.	3/31/03		RYLAND
-	Se. FACILITY NAME (If not institution, give stre	et and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
0	SACRED HEART HOSP	ITAL		CUMBER	RLAND		ALLEGA	NY
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT	ION			10d, INSIDE CITY
듬	MARYLAND AL	LEGANY	E 1	ROSTBUE	C			LIMITS? TY YES 2 NO
AL AL	10s. STREET AND NUMBER	HIGAN I			ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	100 HONEYSU	CKLE LANE			21532		U.	S.A.
2		12. WAS DECEDENT EVER IN FORCES? 1 YES				IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		CE — American Indian, ick, White, stc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			ecify:
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S U	IELIAL OCCUPATIO		401 1/10 05 040		WHITE
	(Specify only highest grade co	ompleted)	(Give kind of w	ork done during mo	st of working	16b. KIND OF BUS	HNESS/INDUSTRY	
PL	5	College (1-4 or 5+)	OWNER	OPERAT	OR	MOTEL/	RESTAU	IRANT
COMPLETED	17. FATHER'S NAME (First, Micidle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
BE C	HENRY SCH	RAMM			ELI	ZABETH KY	LE	
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e	nd Number or Rural F	noute Number, City or Town	n, State, Zip Code)	
F	WIRGINIA STAKEM		100 F	IONEYSU	CKLE LA	ANE. FROS	TBURG.	MD 21532
- 8	20e. METHOD OF DISPOSITION YS Burial 2 Cremation 3 Remov	al from State 20b.	PLACE AND DATE Of		me of	OATE 20c. LOC	CATION — City or	Town, State
	▼ Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		OSTBURG	MEMOR		4/4 FRC	STBURG	, MD 21532
	21. SIGNATURE OF FUNERAL SERVICE LICE	1			D C FILNE	ERAL HOME	מ סיי	
	1 / Kerylen 7	1 Xell	es /					, MD 21532
	23. PART I. Enter the diseases, or co- shock, or heart fellure. Li	mplications that caused	the death. Do no	ot enter the mo	de of dying, such	as cardlec or respir	ratory arrest,	Approximate
								Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A Dig be to, DUE TO (OR AS A	191/110	, acut	carlo	Gonie		ye415
		DUE TO (OR AS A	CONSEQUENCE OF	:	. /	1 -		
NO	Sequentially list conditions, b.	DIGGET	CONSEQUENCE OF	us an	(nyper)	tovin		X091)
F	If any, leading to immediate cause. Enter UNDERLYING	00E 10 (011 A0 A	CONSEQUENCE OF	*				
띮	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	:				
CERTIFICATION	resulting in death) LAST							
	PART II. Other significent conditions	contributing to death by	et mot manifelme la	the underlying		n. a.t. a ma. a		
CAL		Consell				Part I. 24s. WAS AN A		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	Cerchovaria	to disease	Port	1 4	114-6	1 YES 2	≥ NO	DF DEATH?
Σ	Amentation	citt 1	1	Up. /	7 / 1	_		1 Nes 2 No
AN	25. WAS CASE REFERRED TO MEDICAL	134 18	۶.	26. PL	ACE OF DEATH (Che	ock naty one)		
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	s 5 Residence			
Η	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 26c. INJ	URY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? 'ES 2 NO			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Speci	— Al home, larm, st	reel, factory, office		281. LOCATION (Street a	nd Number or Rura	I Route Number,
ETE	4 Homicide determined					City or Town, State)		
7	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	edge, death occurred	d at the time, date	and place, and due	to the cause(a) and man	ner as stated.	
COMPLETED		On the basis of examination						e(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	10	2		29c. LICENSE NUM	IBER	29d. DATE SIGNI	EO (Month, Day, Year)
O BE	(borano	Del	ni re		0214	88	14	2-93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE			- 1			
	Thomas 1.	pedia Me). , 7	4 Mai	5%	Longcon	ing, 10	1. 21539
	31. DATE FILED (Month, Day, Year)	32. REQUERRAN'S SIGNA	TURE					
	APR 05 1993	freder thank	morning					



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		1,20.011241				OLIVI	ITICA	LOI	DEA	In		HEG. NO.			
		1. DECEDENT'S NAME (First,	Middle, Last)	II A 17 TET		7\		OVE	17.7		2, DATE OF MONTH	104	W 100	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB	ER	HAZEL 5. SEX	6. AGE (In	A .	(av) IF IME	SMIT DER 1 YEAR		R 24 HRS.	Apr.		199		9:10 p M PLACE (State or Foreign
		214-46-29	63	1 ☐ M 2X☐ F	9		MONTH	-	HOURS	MIN.	(Month, D	ey, Year) 8-189	5	Country	r)
3 should		9a. FACILITY NAME (If not in:	atitution, give st	reet end number)			9b. CI	TY, TOWN	OR LOCAT	ION OF DE				TTY OF D	EATH
2,	DIRECTOR	Memoria	-	ital				C	umbei	cland	I			Alle	gany
Jes 1,	EG	10a. STATE	10b. COUNTY			10c.	CITY, TOW	OR LOCA	ATION					Т	10d. INSIDE CITY
2		Md	A11	egany			Cumbe	erla	nd						LIMITS?
physician. bunal-transit permit. Pages 1,	FUNERAL	10e. STREET AND NUMBER						10	of. ZIP COD	€ 3	· .		-		/HAT COUNTRY?
lan. Transit	Ä	1115 Virg	inia A						2150				US	5A.	
physician bunial-tra	교	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES	25 NO	1	If yes, s	pecify Cubi	on, Mexica	NC ORIGIN? (S n, Puerto Rica		or No-	Black	— American Indian, , White, etc.
attending se as the	ВУ	3 Widowed 4 Divo	rced	IF YES, GIVE W	AR OR DAT	TES		1 YE	S 230 NO	Specify	<i>:</i> :			Specif	white
se aff	COMPLETED		EDENT'S EDUC			16a. DECEDER	of work don	e durina m	ION .	na	16b. KII	ND OF BUS	INESS/IND	USTRY	
0 0	J.	Elementary/Secondary (0-	-12)	College (1-4 or 5 +	-)	IIIe. Do N	or use retired emake	1.)					la		1
defached defached	OME	17. FATHER'S NAME (First, Mi	iddle. Lest)			nan	enake	T.	10 1407	MEDIC MA	ME (First, Midd	own i			
2 2 1		Robert		am							ie Ho		Sumame)		
5 should notified	TO BE	19a. INFORMANT'S NAME (7)				19b. MAI	ING ADDRE	SS (Street	and Numbe	r or Rural I	Route Number,	City or Town	n, State, Zip	Cade)	
y be re lage 5	۴	Mrs. Ethe		h		Cu	mber1	and	MD 23	1502					
e 6 may ector, pa must b		20a. METHOD OF DISPOSITI	n 3 🗆 Remo	eval from State	cemet	PLACE AND DA	or other place	e)			DATE		CATION —		
Page (21. SIGNATURE OF FUNERAL		ENSEE	Sm	<u>iithsbi</u>			ery	SS OF FA	4-5	Si	niths	burg	, MD
eath. funera		► Oa. a	-1	0/2		1//	.				neral	Home	2		
		23. PART . Enter the dis	0 +	W COL	1	11/	10	Crmi	herla	bas	MD 21	502			
d in		/ shock, or ne	rart remute. L	iet only one ceu	se on esc	ch line.	o not ent	er the m	ode or dy	ing, suci	1 SS Cerdiec	or respii	retory arr	est,	Approximats interval Between
within 24 ho npletely filled cremation, or vent, the m		iMMEDIATE CAUSE (Findisease or condition resulting in death)		Acu	20	7 2	10	. 0	801	V	<i>F</i> 3-				Onset and Death
completely ial, cremati		resulting in death)		DUE TO	(OR AS A C	CONSEQUENC	E OF):	ORT	(ef)	LUK	<u>C</u>				
and com o burial,	NO	Sequentially list condition	ons, b	DUE TO	SILA	20713		71	VECI	401	VA				
n certificate be execute inding physician and c Hygiene prior to buria or other traumatic	CERTIFICATION	if any, leading to immed cause. Enter UNDERLYII	liete NG	DOE 10	(On AS A C	CONSEQUENC	E UF):	7			1.0				
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	ERI	resulting in deeth) LAS1		l											
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equires en sig of Hea	Σ														OF DEATH? 1 YES 2 HO
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNEPAL DIRECTOR: After this certificate has been signe be filed within 72 hours after death with the State Dept. of Health IMPORTANT: If Item 28 is marked, or Item 23 shows a	PHYSICIAN:	25. WAS CASE REFERRED TO	MEDIOA: T										<u>.</u>		
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Sicial section the control of	Ě	27. MANNER OF DEATH		28a. DATE OF	INJURY		TIME OF	28c. IN	JURY AT	esidence	8 Other (Sp 28d. DESCRI		JURY OCC	URED	
IG PH ter this ath win	BY		Pending nvestigation	(Month, De	ry, rear)		INJURY M		YES 2	NO					
ENDIN DR: At ter de	ED		Could not be	28a. PLACE Of building,	INJURY	At home, far	m, streel, le	ctory, offi	Ca		281. LOCATIO	N (Street a	nd Number	or Rural A	oute Number,
DR ATT	6	20- 050015150													
RAL D	COMPL	(Check only		SAN: To the best of											and manner as stated,
FUNE within	- 11	29b. SIGNATURE AND TITLE			D			ориноп,				place, and			
NPO	BE	_		(Bot	1				1	ENSE NUM	34 - A		29d, DATE	1 0	(Month, Day, Year)
- F Δ *	2	30. NAME AND ADDRESS OF							-	-0-	7 -			7/ -	73.
1		Dr. Dinesh		Р.О. Вох	131	-Pinto	, MD	215	556						
0		31. DATE FILED (Month, Day, Y		32, REGISTRAI											
		APR 05	1333	- California	a market	Thulas	4	11							

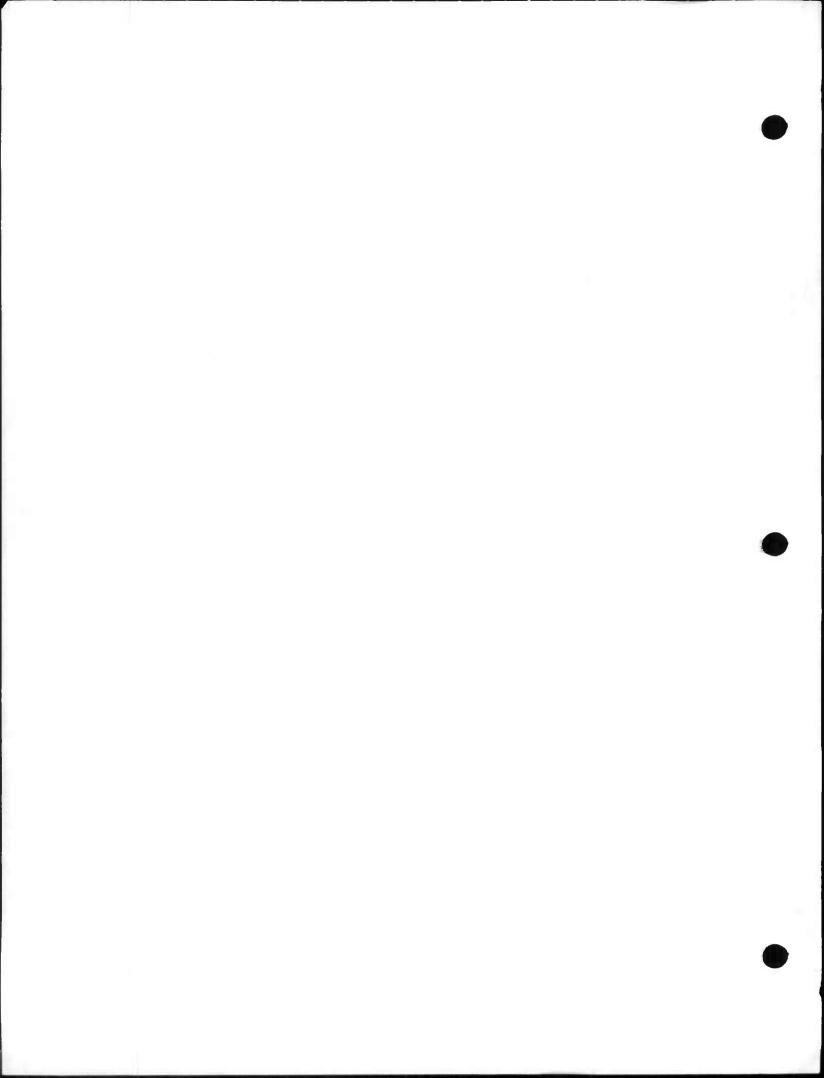
BALTIMORE, MARKLAND 21215-0020



	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DE			3. TIME OF DEATH		
	516	zabeth	M. Stev	ens						March	29 199	3	8:40 P.M M		
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. la:	at birthday)	IF UNDER		IF UNDER		7 DATE OF DIG	TH	8. BIRTH Count	IPLACE (State or Foreign		
	216-14-1095	,	1 ☐ M 2 💢 F	88	NONTHE DAYS HOURS MIN.						3,1904	Court	" Md.		
	9e. FACILITY NAME (If not is					9b. CITY,		OR LOCATI		ATH	9c. COU	NTY OF D			
5	Cuppett &	Weeks	Nursing	Home			Oak	cland	1			arre	arrett		
EC	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	TION					10d. INSIDE CITY		
DIRECTOR	Md.	A.	llegany			La	Val	9					LIMITS?		
AL	10e. STREET AND NUMBER						101	ZIP COD	E		10g. CIT	IZEN OF V	WHAT COUNTRY?		
ER/	14 N. La	Vale St	treet					2	21502	5	- 100	U.S.	A.		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S. A	RMED					HC ORIGIN? (Spec		14. RACI	E — American Indian,		
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													White		
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COMPLETED	17. FATHER'S NAME (First, N	fiddle, Last)						16 MOT	HER'S NA	ME (First, Middle, I	Mairian Sumama)	_			
0	George	Lynch								h Rizer	walder Surfierie)				
BE	190. INFORMANT'S NAME (19	b. MAILING	ADDRESS	(Street e	nd Number	or Rural F	Route Number, City	or Town, State, Zig	Code)			
2	John R. S	tevens			14 1	V. La	Va	le St	t., 1	La Vale	, Md. 2	1502			
	20a METHOD OF DISPOSIT	ION	al team State	20b. PLACE	ANDDATE	OF DISPOSIT	TION (No	me of			9c. LOCATION —	City or To	wn, State		
	4 Donation 8 Dother	(Specify)	ai from State	Frost	bur g	Memo	ria	1 Par	rk	4/1	Frostb	urg,	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	Durst Funeral Home, Frostburg, Md. 21502														
	23. PART I. Enter tha d	lisesses, or co	mplicetions the	t ceused the de	esth. Do i	not anter t	hs mo	da of dyl	ing, suci	h ss cardlec or	respiratory sr	rest,	Approximata		
	immediate cause (Fig.	eart failure. Li	at only one car	use on each line	a.								Interval Batween Onset and Death		
	disease or condition resulting in death)	→ .	pneumo	nia									2 days		
	resolding in death)		DUE TO	(OR AS A CONSE	OUENCE O	F):									
N	Sequantially list condit	lone b.													
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Ē	that initiated events resulting in death) LAS	т		(OULITOR O	• •									
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- 1	organic me	ntal sy	ndrome							_			1 🗌 YES 2 🗌 NO		
ÿ															
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		Pending	28a. DATE OF (Month, D		28b. TIM	E OF		RK?	7.40	28d. DESCRIBE	HOW INJURY OC	CURED			
B	2 Accident	Investigation	28e PLACE C	F INJURY — At ho	The form	T I		ES 2	NO		0				
		Could not be determined	building,	atc. (Specify)	Alles, Jertin, .	street, rector	y, ome			City or Town,	Street end Number State)	or Hural F	loute Number,		
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	29h. BIGHATURE AND THE				anto strigation	ni, in thy op	mon, d								
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2	30, NAME AND ADDRESS OF	F PERSON WHO	COMPLETED CALL	SE OF DEATH ATE	M 27) (Topo	Print		עבט	133		103	-	7.7		
							A	٠٠ ـ تہ ہے	4 34	13 04 50	0				
	Walter K	A STERILS	32. RE 57R	R'S SIGNATURE	DOX	24(ACC	rrden	Ug IV	iu. 2152	U				
	APR (1 (1993	The same	- Carrie	-Ca	6									

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1880-1887 Milliam Of is marginal as from 0.9 shares and laborate shares share shares the marginal sound to be a second to the second sound to the
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	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTMENT CERTIFICATION			MENTAL	HYGIEN	E 7,) 1	130	0
	1. DECEDENT'S NAME (First, Middle, Leat) BABY BOY	Robert Joseph	Sturde	vant,	Jr.	2. DATE O	OF DEATH	Y 9	YEAR 3	TIME OF DEATH	Pm :
	4. SOCIAL SECURITY NUMBER NONE	1 M 2 F	YRS. MONTH	3 72	F UNDER 24 HRS. HOURS MIN. 1 38	32	PERITH Day, Year)		Country)	ACE (State or For	eign
TOR	9a. FACILITY NAME (If not institution, give s TOLY CROSS RESIDENCE OF DECEDENT	HOSPITAL			R LOCATION OF DE				TY OF DEA	MERY	
DIRECTOR		ce George's	10c. crrv, row	ver						Dd. INSIDE CITY LIMITS?	NO .
FUNERAL	1770 Dutch Villa				20785			_		tates	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	∑ NO	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexica 2 NO Specifi	n, Puerto R	(Specify Yes lcan, etc.)	or No-	14. RACE — Black, V Specify:	American India White, etc.	n,
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work dor iffe. Do NOT use retired	OCCUPATION Most	N st of working		KIND OF BUS	INESS/INDU	ISTRY		
WO	17. FATHER'S NAME (First, Middle, Last)		/a		18. MOTHER'S NA	n/		Diama mail	-		
	Robert Joseph St	urdevant Sr.			Michell				llia	mc	
TO BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRE							115	
	Michelle Sturdev		Same as			DATE	1 200 100	CATION — C			
1	1 ☐ Burlal 2 ☑ Cremation 3 ☐ Rem- 4 ☐ Donation 5 ☐ Other (Specify)	oval from State cemetery SU	crematory or other place burban Cr	00)		4-2	7.7	ver S			
	22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD 20910										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIAC	ARKES	T						Onset and	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONDUE TO (OR AS	F PREA	NATU	RM					O M	es
ÄL	PART II. Other aignificant condition	a contributing to death but n	ot resulting in the	underlying	cause given in	Part i.	24a. WAS AN			ERE AUTOPSY FIN	
: MEDIC						_ [1 TYES 2	⊠ NO	O	OMPLETION OF CA F DEATH?	
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				\dashv
SIC	1 VES 2 NO	HOSPITAL: 1 Nopetient 2 ER/Outpetien	OTH	ER:	5 Residence						
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	JRY AT		CRIBE HOW IN	JURY OCCU	JAED	·	\neg
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street, fo		ES 2 NO	28f. LOCA City of	TION (Street a Town, State)	nd Number o	or Rural Rou	te Number,	\dashv
COMPLET		CIAN: To the best of my knowledge R: On the basis of examination and								nd manner as ats	Red.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER MULISSAGNE	in mis			29c. LICENSE NUN	ABER .				onth, pay, Year)	
٦	30. NAME AND ADDRESS OF PERSON WILLIAMS A STATE OF THE ST	SETHES	4 4 4		20817						\neg
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S DIGNATUR	E bo								



BALTIMORE, MARYLAND 21215-0020	is mours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit pation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	LOR ATTENDANG PHISICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p. 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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: After this certificate har death with the State D

FUNERAL within 72 ! IMPORTANT: IF

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222

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** Preston J. Shoemaker 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR

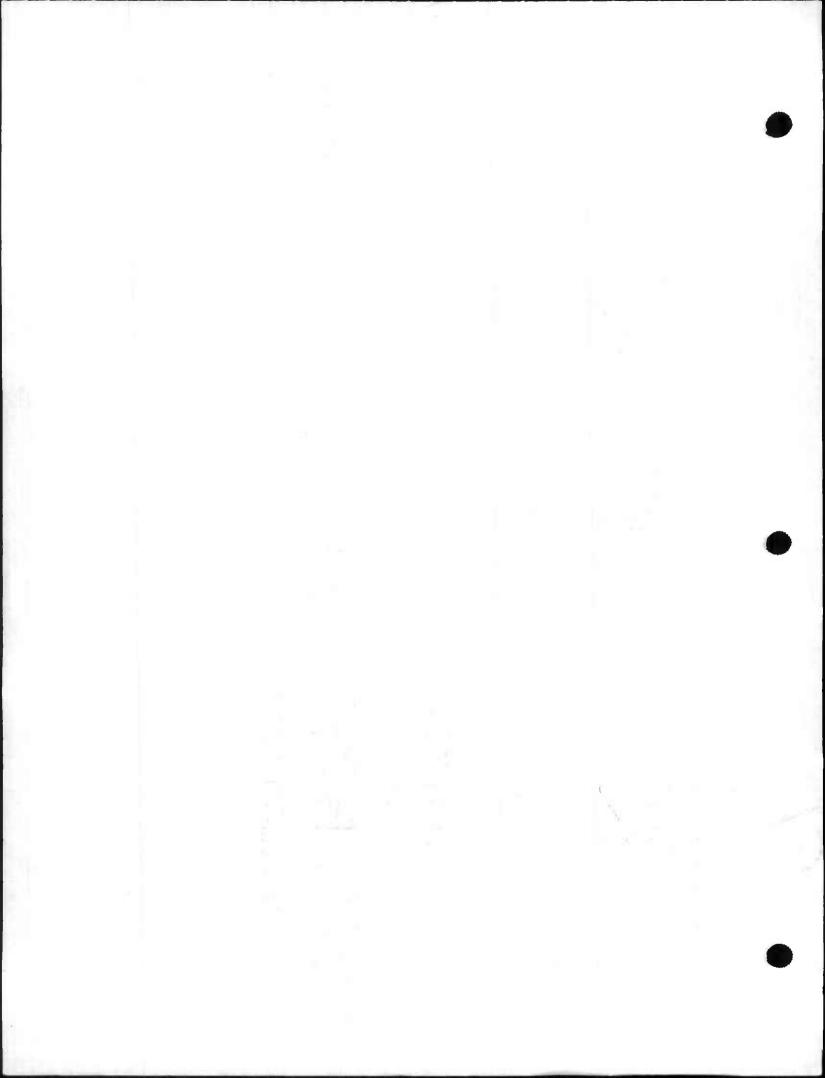
2. DATE OF OEATH DAY MONTH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 8:45 P. 4. SOCIAL SECURITY NUMBER IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 - F YRS. 578-03-9887 March 2, 1906 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH Potomac Valley Nursing Center Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 X YES 2 NO Maryland Montgomery Rockville 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5335 Randolph Road Apt.#6 20852 U.S.A 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxicen, Puerto Rican, atc.) 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Marrie 1 TYES 2 NO Specify Specify: 3 Widowed 4 Divorced White 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade come (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 6 Pressman I.B.M. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Shoemaker Fannie Barron 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 403 Broadwood Dr., Rockville, Carol Jean Shoemaker MD 20851 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20a. METHOD OF DISPOSITION

1 X Burtal 2 Cremation 3 Rar

4 Donation 5 Other (Specify) oval from State Gate of Heaven Cemetery 4/5 Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY De Vol Funeral Home l. 10 E. Deer Park Dr., Gaithersburg, ory MD 20877 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, Approximate ehock, or heert feilure. Liet only one ceuse on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition Dementia of the Alzheimer's Type resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Malnutrition Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Anemia CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO Basal Cell Carcinoma (Face) COMPLETION OF CAUSE 1 TYES 2 X NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 4 🗶 Nursing Home 5 □ Residence 6 □ Other (Specify) 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 27, MANNER OF DEATH 28c. INJURY AT 26d. OESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29a. CERTIFIER
(Check only one)

The Desire of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

The Desire of the Desire of assignment of the lime of the course of the lime of the lime of the course of the lime of nation and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) April 2, 1993 D33719 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Montgomery Village, Maryland 20879 Paul Wielibinski, M.D. 19261 Montgomery Village Ave. Bldg. G, Suite 14 APR 07 93 32. REGISTRAR'S SIGNATURE



REG. NO.

		1. DECEDENT'S NAME (First, Middle	(and)			_							_	
				~					2.	DATE OF DE	DAY		YEAR	TIME OF DEATH
		Hele:	n Frances							3	90		3 0	21:43 P
			5. SEX		yrs. last birthday)	MONTHS	DAYS	HOURS I		Month, Day,			BIRTHPL.	ACE (State or Foreign
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3 should	_	9e. FACILITY NAME (If not Institution				9b. CIT	Y, TOWN	OR LOCATION	OF DEATN			9c. COUNT	Y OF DEAT	ГН
2,	DIRECTOR	Washington Co	unty Hospi	tal		Ha	gers	town			1	Was	shine	rtan
	[[RESIDENCE OF DECEDER	OUNTY		Lucian							000.		1
30	E	Control of the Contro			10c. CET	Y, TOWN							10	HA: INSIDE CITY LIMITS?
jį.	1 1	Maryland	Washington	n		Hag	erst							YES 2 NO
bed	₹	10e. STREET AND NUMBER					10	f. ZIP CODE				10g. CITIZE	N OF WHA	T COUNTRY?
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215-0020 attending physician. se as the burial-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merries	12. WAS DECED FORCES?	ENT EVER IN U	J.S. ARMED	13.	WAS DEC	CENDENT OF A	HISPANIC O	RIGIN? (Spec	cify Yes o	r No- 1	RACE -	American Indien, thite, etc.
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or atte	ETED	15. DECEDENT (Specify only highes	'S EDUCATION at grade completed)	1	6a. DECEDENT'S (Give kind of	work done	during me	ON ost of working		16b, KIND	OF BUSIN	NESS/INDUS	STRY	
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the hospital detached to	COMPL				Homema	ker								
YLAND 21215 by the hospital or attend be detached for use as at once.	8	17. FATNER'S NAME (First, Middle, La	est)							First, Middle, I	Maiden St	umame)		
RYLAND ed by the hospit uid be detached	H	Charles Byers						Pear1						
MAR retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Prin			11.7			and Number or						
E, N	-	James L. Spide			109 B	elvi	ew A	venue	Hag	ersto	wn,	Mary!	Land	21742
6 may ctor, pag		20a METHOD OF DISPOSITION 1 Z Burlei 2 Cremetion 3	Removal from State	20b. Pl	LACE AND DATE	OF DISPOS	SITION (N	ame of		DATE 2	ec. LOCA	TION - CI	y or Town,	State
MO 9e 6		4 Donation 5 Other (Specif)	1)	Cec	lar Law	n Me	mori	al Par	ck 4+	2-93	Hag	erst	own,	Maryland
TIT	1 1	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	n'	4	22.	NAME A	ND ADDRESS	OF FACILIT	Minn:	ich	Fune	al H	Iome
BALTIMOR er death. Page 6 ma the funeral director, p val.		1 Sac	HIM	Mes	m	A	415	E. Wil	Lson	Blvd.	Hag	erst	own,	Md. 21740
Ca Ca		23. PART I. Entar the disease	e, or complications ti	hat coused ti	he death Do									
3 2 9		Shock, or heart te	llure. Liet only one c	euse on eac	h lina.	not oneg	THE THE	de or dynig	, such as	Cardiac or	теариа	nory arrea	ıt,	Approximate interval Between
2 B 6 8		IMMEDIATE CAUSE (Final disease or condition												Onset and Death
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at Purit	CERTIFICATION	Sequantially list conditions,	b.	TO (OR AS A C	ONSEQUENCE O		umi	ans						
SOX ate be expected to prior to traum	A	If any, leading to immediata cause. Enter UNDERLYING	1	10 (011 A3 A CA	ONSEQUENCE O		09							
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eath certificate attending photos attend	E	resulting in death) LAST		(011,101,101,101,101,101,101,101,101,101		• /-								ł
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		PART II. Other algnificent con	ditiona contributing	to death but	not reaulting	In the ur	nderiyin	g cause give	en in Part		AS AN AL			ERE AUTOPSY FINDINGS
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quires the signed Health a	Ä									1	163 2 [g-NO		DEATH?
E 5 50 48	- 1												"	YES 2 NO
Dep Dep 2	SICIAN:	25. WAS CASE REFERRED TO MEDI	CAL				28 PI	ACE OF DEAT	N (Check o	nti onal				
MITAL Aut: The law cultivate has b state Dept.	Si	EXAMINER?	HOSPITAL:			OTHE	R:							
T PER S	HXS	27. MANNER OF DEATN	1 Impatient 2		ent 3 🗆 DOA		alng Nom 28c. INJ	e 5 🗆 Resid						
2	۵	1 Natural 5 Pending	(Month.	Day, Year)		IURY	WO	RK?		DESCRIBE	LNI WON	URY OCCUI	RED	
	B	2 Accident Investig		OF IN HIPM	At home, farm,			YES 2 N	_					
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8	3 Suicide 8 Could n	buildin	g, etc. (Specify)	At nome, tarm,	street, rac	tory, offic	•	281.	City or Town,	Street end , State)	1 Number or	Rural Rout	a Number,
DIVI OR ATT DIRECTO hours at Item 28	COMPLET	an- Apprilia	976											
	P	(Check only	PNYSICIAN: To the beat											
	ō	2 MEOICAL EX	AMINER: On the basie of	examination e	nd/or investigation	on, In my o	opinion, d	eath occured	at the time,	date end pla	ece, end	due to the o	euse(e) en	nd manner se stated.
	() /					_			_					
THE HOSPI THE FLINES FIRM WITHIN	BE C	296. SIGNATURE AND TITLE OF CEI	RTIFIER					29c. LICENS			2	29d. OATE S	IGNEO (M	onth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) VASANT DATTH, MD 334 MILLIT

31. DATE FILED (Month, Day, Year)

APR 0 1 1993

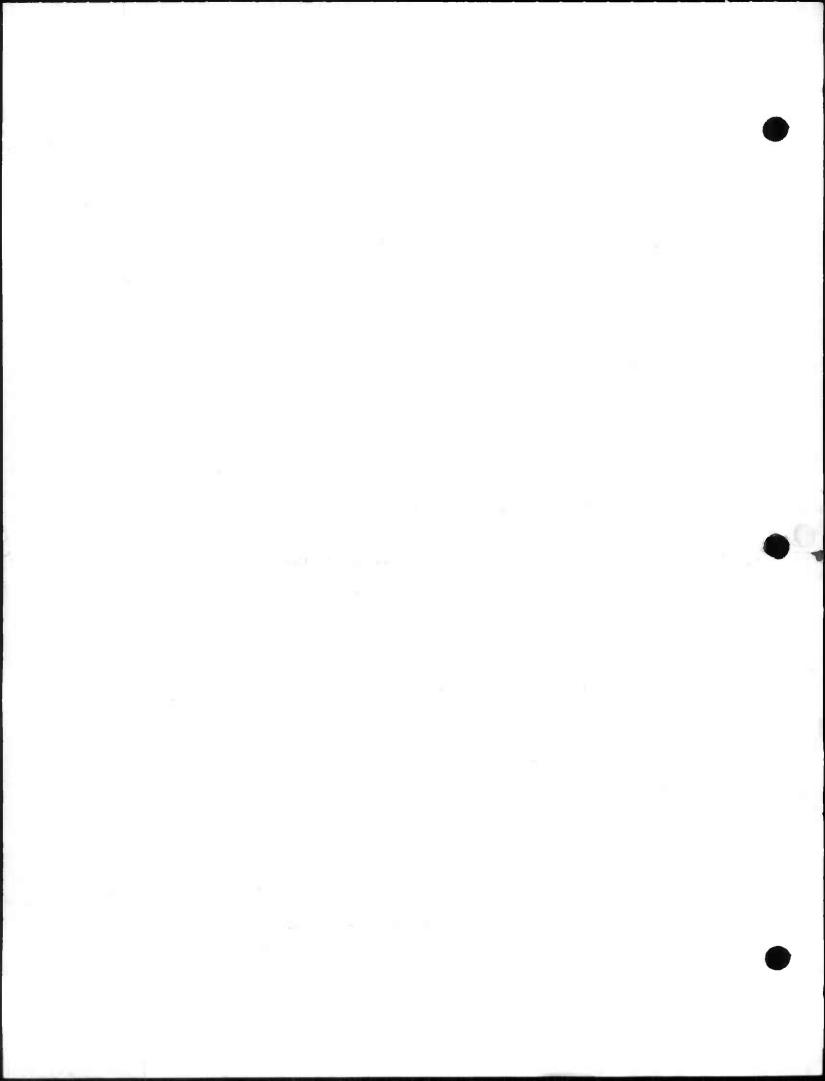
32. REGISTRAR'S SIGNATURE

wi Benden Garage

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)



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MISION OF VITAL RECORDS, P.O. BOX 68760,	#
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1 . S	TATE REGISTRAR		STATE OF	MARYLAN	ID / DEPAI CERTIF					MENT	AL HYGIEN	E 9	3	11509
	EDENT'S NAME (First,										E OF DEATH		I	3. TIME OF DEATH
JOS	SEPH WARRI	EN SUR	GEON							ADI	ril 3,	1993	YEAR	
4. SOC	HAL SECURITY NUME	ER	5. SEX	8. AGE (In y	rs. last birthday)		R 1 YEAR	IF UNDER		7. DAT	E OF BIRTN		a. BIRTN	PLACE (State or Foreign
275	-26-3652		1 → M 2 □ F	6	7 YRS.	MONTHS	DAYS	HOURS	MIN.		onth, Day, Year) = 9, 19	25	Country	Virginia
9e. FAC	9e. FACILITY NAME (If not institution, give street end number)					96. CIT	Y, TOWN	OR LOCATI			- 31 13		ITY OF DE	
209	20923 Millers Church Road					Hag	erst	Own				Mach	inat	on
RESI	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											Washington		
	ALDINA TO THE PARTY OF THE PART				10c. CI1	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland Washington					erst	own							1 - YES 2 - NO
10e. ST	TREET AND NUMBER						10	. ZIP COD	E			10g. CIT12	ZEN OF W	HAT COUNTRY?
209	23 Miller	cs Chu					2	1740			U.S.A.			
106. STREET AND NUMBER 20923 Millers Church Road 2174 11. MARITAL STATUS 1					CENDENT OF NISPANIC ORIGIN? (Specity Yes opecify Cuben, Mexican, Puerto Rican, etc.)			or No-	14. RACE Black	— American Indian, White, etc.				
	Vidowed 4 🗌 Divo		IF YES, GIVE W					2 X NO			Tirodit, etc.)	- 1	Specif	y:
	15 DEC	EDENT'S EDUC	ATION	140										White
Elen	(Specify only	r highest grade (completed)		 DECEDENT'S (Give kind of life, Do NOT u 	work done	during mo		g	16	b. KIND OF BUS	INESS/INDI	USTRY	
Elen	mentary/Secondary (0		College (1-4 or 5 -							1.				
17 FATA	NER'S NAME (First, Mi		2 Years	D	esign '	<u>l'ech</u>		-			Civil E		erin	q
Tho								ľ			, Middle, Malden	Surname)		
	mas Nelso		jeon					Els:	ie Wa	arre	n			
					19b. MAILING	ADDRES	S (Street a	nd Number	or Rural R	Pourte Nur	nber, City or Town	, Stete, Zip	Code)21	740
	trude B.		on		20923	Mil.	lers	Chui	rch I			rstow	n, M	aryland
1 XX Bu	ETHOD OF DISPOSITI urial 2 🗆 Cremetto	n 3 🗆 Remo	wel from Stale	20b. PL	ACE AND DATE	OF DISPOS	SITION (Na	me of		OA	TE 20c. LOC	CATION — C	City or Tov	vn, Stata
	onation 5 C Other			Gre	enlawn	Mem	• Pa	rk Aj	oril	6,1	99B Wi	lliam	spor	t, Maryland
21. SIG	NATURE OF FUNERAL	L SERVICE LICI	ENSEE			22.	NAME AF	D ADDRE	SS OF FAC	PILITY				
,	Douglas	A. Fie	ery // /pr	into 1	V. 711	W I	ougra	as A	F'16	ery	Funera	L Hom	e217	42 own Maryla
resulti	entially list condition in the condition in death) entially list condition in the condition	liste NG ry c.	DUE TO	(OR AS A CO	NSEQUENCE OF	f):	~u	en	~~					1 mon
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
	CASE REFERRED TO AMINER?	_	HOSPITAL:					ACE OF D	EATH (Che	ck only o	ne)			
10	YE8 2 10		1 Inpatient 2	ER/Outpetier	nt 3 🗆 DOA	OTHER		5 🗆 Re	sidence (0th	er (Specify)			
	INER OF DEATH	No. 40	28a. DATE OF (Month, De	INJURY sy, Year)	26b. TIM	E OF URY	28c. INJI	JRY AT		28d. OE	SCRIBE HOW IN	JURY OCC	URED	
		Pending Investigation				M	1 🗌 Y	ES 2 [NO					
		Could not be letarmined	28e. PLACE Of building,	F INJURY — A elc. (Specify)	Al home, farm, a	itreet, fact	ory, office			28f. LOI City	CATION (Street air or Town, State)	nd Number o	or Rural Ro	ute Number,
29a. CEF (Che one)	eck only		AN: To the best of On the basis of ex											and manner as stated.
296. SHG	HATURE AND TITLE		111				T		NSE NUM		T			Month, Day, Year)
	Juelen	8	Ulm	111)	Any			1/7	75	7 7		D 4	114	153
30. NAW	E ANO ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF OEATH	(ITEM 27) (Type,	Print)		- 1 - 1	- 0				(L)	
31. DATE	R 06 199	3 8	32. AEGISTRAI	R'S SIGNATUE	II.				-					

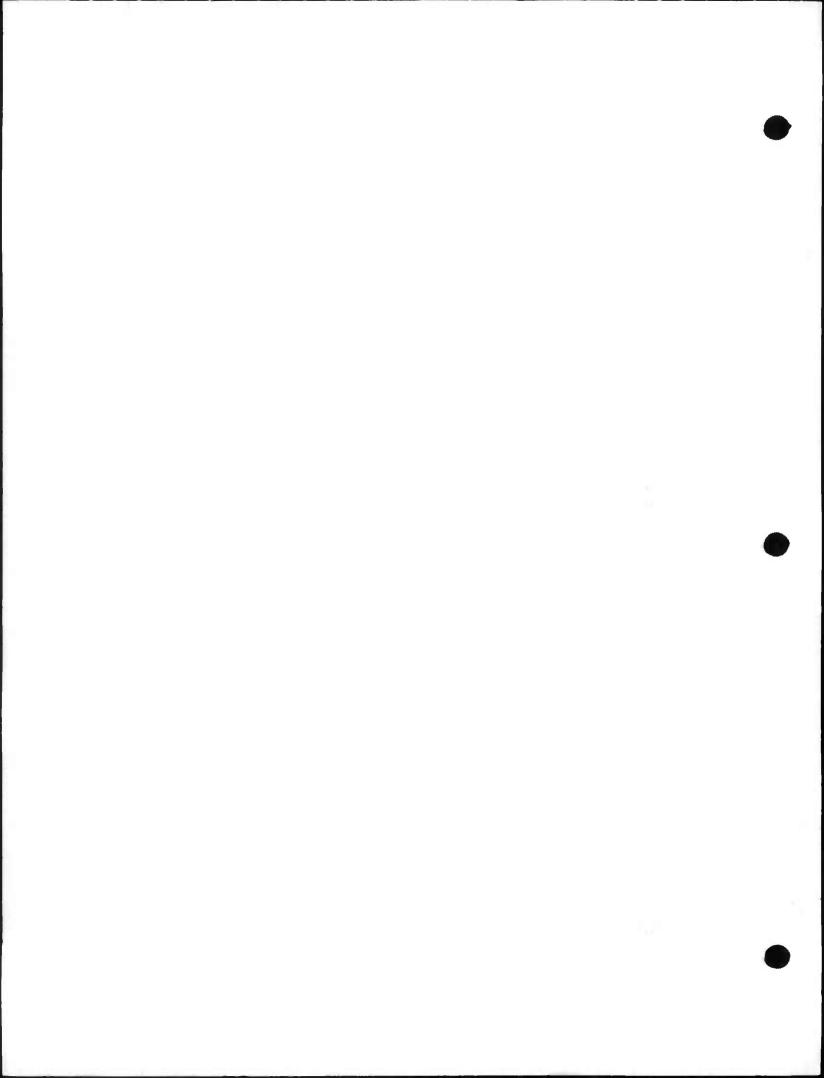
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TO THE MISPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should so within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPAR CERTIFI	MENT OF H	EALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH	
1 1	JAMES N. SARI	S				APRIL 4,	1993	YEAR	7:00A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	_	8. BIRTH	PLACE (State or Foreign	
	091-14-2597		30 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 14,	1913	Countr	"Turkey	
	9a. FACILITY NAME (If not Institution, give	street and number)		9b. CITY, TOWN C	OR LOCATION OF D	DEATH . 9c. COUNTY OF DEATH				
0	8502 16TH STREET	MERY		SIL	VER	SPRING				
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	CE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION					10d. INSIDE CI			
18	Maryland Mont	tgomery	Ci	lver Spr	iina				LIMITS?	
	10e. STREET AND NUMBER	290mery	[51.		. ZIP CODE		10a, CITIZ	EN OF W	WHAT COUNTRY?	
FUNERAL	8502 l6th Street	t			20910		20		States	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENDENT OF HISPA	NIC ORIGIN? (Specify Yes			- American Indian,	
BY F	Total married 2 married						Speci			
	77.7								White	
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade	e completed)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	ork done durina mo	DN st of working	166. KIND OF BU	SINESS/INDU	ISTRY		
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)					1 0 1			
WO	17. FATHER'S NAME (First, Middle, Last)		Owner/Con	itractor		Genera.		crac	ting	
	Nicholas Sarikor	2011108			Not Ava		Surremey			
BE (19a. INFORMANT'S NAME (Type/Print)	704205	19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip (Code)	20910	
2	Constantine D.	Saris				0, Silver				
	20a. METHOD OF DISPOSITION 1 ↑ Burlel 2 □ Cremation 3 □ Ram	20	b. PLACE AND DATE O	F DISPOSITION (Na	me of	DATE 20c. LO	CATION — C	ity or To	wn, Stata	
	4 Donation 5 Other (Specify)	M	t. Zion C						th Carolina	
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE							REY FUNERAL	
	Michael &	Therens	M00846			-CHEVY CHA	•		7557 20814 - 3501	
	23. PART 4. Entar tha diseeses, or	complications that ceuse	d tha daath. Do no	ot antar tha mo	de of dying, suc	h es cardiec or respi	ratory arre	et,	Approximete	
	iMMEDIATE CAUSE (Fine)	List only one cause on e	eech line.						intarval Between Onset and Daath	
	disease or condition resulting in death)	a. Bladder	Carcinoma	a						
	DUE TO (OR AS A CONSEQUENCE OF):									
8	Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
ATI	if any, leading to immediata cause. Entar UNDERLYING	DUE TO (OH AS	A CONSEQUENCE OF	:						
윤	CAUSE (Disease or injury that initieted events	C. DUE TO (OR AS	A CONSEQUENCE OF	*						
CERTIFICATION	resulting in death) LAST	d								
ö	PART ii Other significant condition							_		
S	PART ii. Other significant condition	is contributing to daeth i	out not resulting in	tha underlying	cause given in	Part i. 24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
EDIC/						1 [] YES 2	XXNO		OF DEATH?	
Σ									1 TYES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (C)			Щ.		
25	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
РНУ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIME	OF 28c. INJ		6 Other (Specify) 28d, DESCRIBE HOW I	NJURY OCCL	JRED		
ВУ Р	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		RK? 'ES 2 NO				1	
	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Spe	Y — At home, term, st	reet, tectory, office	1	261. LOCATION (Street	and Number o	r Aural A	oute Number,	
1	4 Homicide determined	Sanding, star (ope				City or Town, State)				
2	29a. CERTIFIER 1 K CERTIFYING PHYS	ICIAN: To the best of my know	vledge, death occurred	at the time, data	and place, and due	to the cause(s) and mar	ner ee stated	d.		
COMPLETED	one) 2 MEDICAL EXAMINE	ER: On the beels of examination	on and/or investigation	, in my opinion, de	eath occured at the	time, date end place, an	d dua to the	cause(e)	and menner es stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI				(Month, Day, Year)	
00	Cerily y. B	ullar MD			D3981	9			4, 1993	
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, I	Print)	-101		All		, .,,,,	
	Cecily BULL	оск, м.р., 38	300 Reserv	oir Roa	d, N.W.	Washingto	on, D.	C.	20007	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE				· · · · · · · · · · · · · · · · · · ·			
	APR 06 '93	guha Day	lson-Aandell	20						

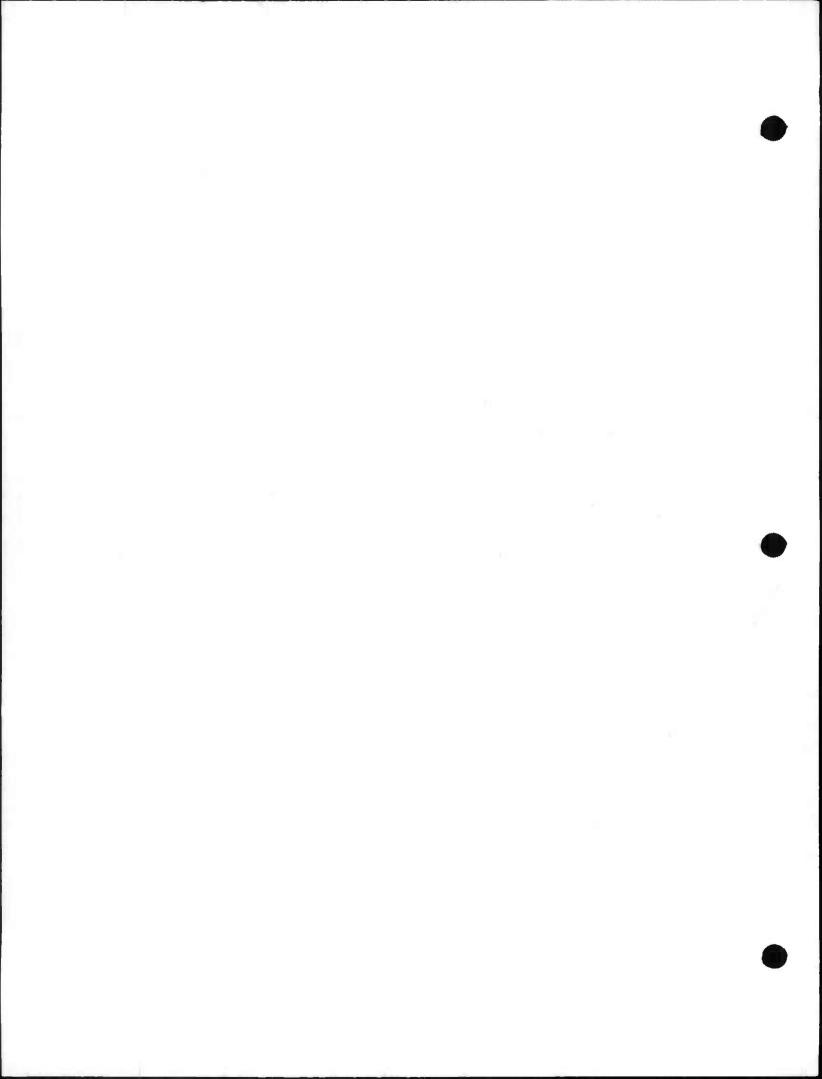


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

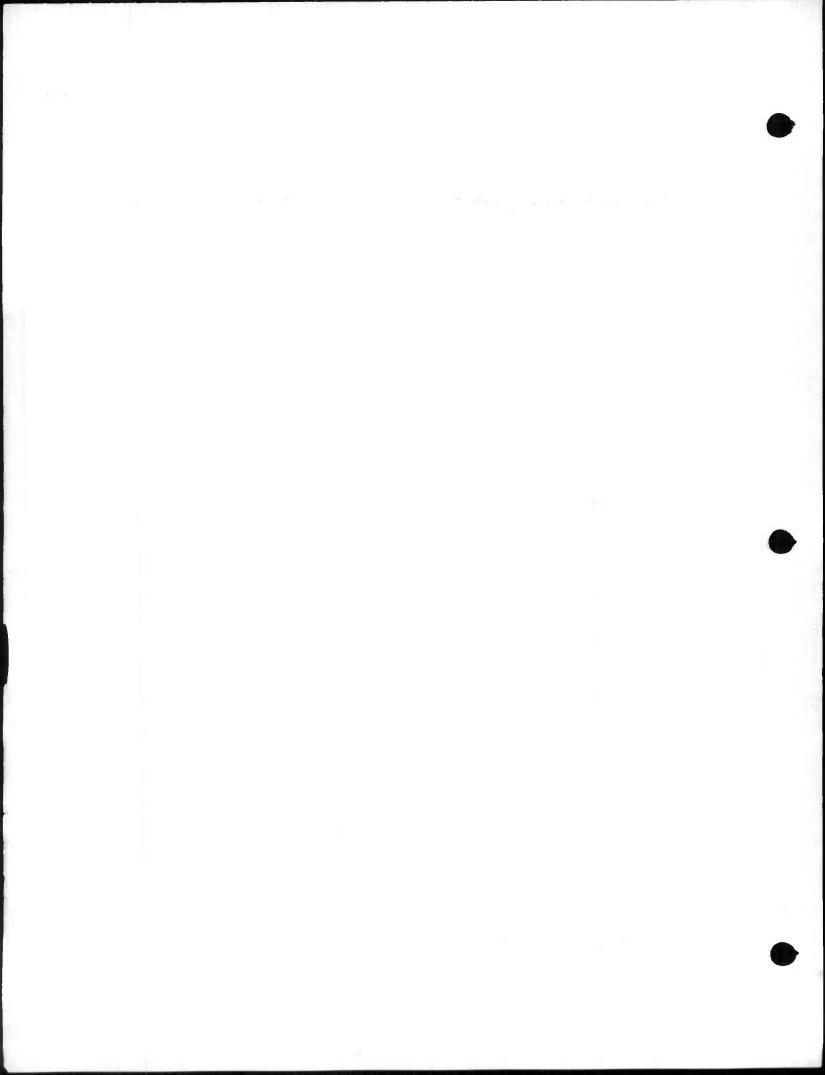
BALTIMORE, MARYLAND 21215-UUZU
THE MSRILL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-trans

FUNERAL DIRECTOR	10a, STATE 10b. COUNTY	5. SEX 6. AGE (In yrs 1	YRS.		75 HOURS MIN.		93 1911 N	BIRTHPLACE (State or Foreig Country) NEW YORK			
4	045-01-7309 90. FACILITY NAME (If not institution, give str Montgomery Genesidence of decedent 100. STATE 10b. COUNTY MARYLAND MOTOGOMERY MOTOGOMERY MARYLAND MOTOGOMERY MOTOGOMERY MARYLAND	1 M 2 K F 81	YRS.	9b. CITY, TOW	75 HOURS MIN.	SEPT. 8, 1	911	BIRTHPLACE (State or Foreig Country) NEW YORK			
A.	Montgomery Ge RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MOI				YN OR LOCATION OF DE	ATH	0. 001111711				
¥	MARYLAND MOI			J. SOUTH OF DEATH							
A		NTGOMERY		TOWN OR LO	SPRING			10d. IHSIDE CITY LIMITS?			
FUN	14547 KELMSCOT			LVER	101. ZIP CODE 20906		10g. CITIZEN	1 YES 2 HO			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes	DECENDENT OF HISPAH, specify Cuban, Maxicar YES 2 HO Specify.	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	pleted) (Give kind of work done during most of working			16b. KIHD OF BUSINESS/INDUSTRY					
W L	FREDERICK DURKES LOU					ME (First, Middle, Maiden	RUEC				
٩	19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ELIZABETH A. HENRIKSEN 4206 HEATHFIELD ROAD, ROCKVILLE, MD 20853										
	20b. PLACE AND DATE OF DISPOSITION 1 Notwer of completely, cremetory or other place) 4 Donatton 5 Other (Specify) GREENFIELD CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. HAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.										
	23. PART I. Enter the diseases or co	Carybul proping that caused the	death. Do not	500	UNIVERSITY	BLVD., W.	, SIL.	SP., MD 20			
	shock, or heart fallure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ist only one cause on each i	Ina. AB					Intarval Betv			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON									
MEDICAL	PART II. Other significant conditions	contributing to death but no	ot resulting in	the underly	ring cause given in F	Part i. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FIHOD AMAILABLE PRIOR TO COMPLETION OF CAU OF OEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 ☐ inpatient 2 ☐ ER/Outpatient		THER:	PLACE OF DEATH (Chec						
B	27. MANNER OF DEATH 1 Matural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — AI	28b. TIME (OF 28c. W 1	WORK? YES 2 HO	28d. DESCRIBE HOW IH					
ETED	4 Homicide detarmined	building, etc. (Specify) IAH: To the bast of my knowledge,				City or Yown, State)		rouse (rumper,			
2 11		On the beels of examination and/						use(a) and manner as state			
COMP	296. SHONGTURE AND TITLE OF CERTIFIER	2 0	7 . ^	ΔΛ	29c. LICEHSE NUMI	DER	29d. DATE RIC	SHED (Month Day Year)			
O BE COMP		m	TEM 27) (Typo, Pr	1D	29c LICEHSE NUM D 3 8	DER 457	29d, DATE 810	SHED (Month, Day, Year)			



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THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after	. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial cremation or removal
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		1 - STATE REGISTRAR		AND / DEPARTMENT O CERTIFICATE O	OF DEATH	MENIAL HYGIE		11012
	3	1. DECEDENT'S NAME (First, Middle, Las				2. DATE OF OEATH	DAY Y	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	8 70 700 5. SEX 6. AGE (1			4-15	93	1245an
pin	1	229-03-9915	10M2 RF 8	n yrs. last birthday) IF UNDER 1 YE YRS. MONTHS DA	YS HOURS MIN.	7. DATE OF BIRTY (Month, Day, Year) APR . 27, 19		BIRTHPLACE (State or Foreign Country) [RGINIA
2, 3 should	DIRECTOR	98. FACILITY NAME (If not Institution, give	street and number)		VER SPRIN		9c. COUNTY	OF DEATH CGOMERY
es .	E C	10a. STATE 10b. COUN	ITY	10c. CITY, TOWN DR LO	OCATION			10d. INSIDE CITY
mit. Pa		MARYLAND 100. STREET AND NUMBER	MONTGOMERY	DERW	OOD			LIMITS? 1 YES 2 ND
nsit po	ER	6500 SWEETWATER	DRIVE		20855		US. CITIZER	OF WHAT COUNTRY?
AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit. Pages 1, once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO If you	DECENOENT OF HISPAI s, specify Cuban, Mexica YES 2 NO Specif	in, Puerto Rican, atc.)	na or No.— 14.	RACE — American Indian, Black, White, atc. Specify:
1215 r attend use as	8	15. DECEDENT'S EC (Specify only highest gra	DUCATION Compositors (18a. DECEDENT'S USUAL OCCU	PATION	16b. KIND OF BI		HITE
21 10 m	COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work done during life. Do NOT use retired.)	g most of working			
N N D A P D ached	MP		2	HOMEMAKER				
MARYLAND retained by the hospit should be detached notified at once.		17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malde		
		EDWIN SMITH BO	YD	40h MAILING ADDRESS (O.		BELLE WI		
	2	H. RAY SWARTZ	(SON)	19b. MAILING ADDRESS (Str. 6500 SWEETW				
- 2 0	1 1	20a, METHOD OF DISPOSITION	201	PLACE AND DATE OF DISPOSITION			OCATION - CITY	
FOR BE		1 Burlel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)		etery, crematory or other place) LLCREST CEMET			ISA, VI	,
BALTIMORE, er death. Page 6 may be the funeral director, page val.		21. SIGNATURE OF FUNERAL SERVICE I		22. NAM	E ANO ADDRESS OF FA	CILITY		
BAL hours after death dd in by the fund or removal. medical exan	100	> Stevens	Stepal		NCIS J. CC			ME, INC. PR.,MD.2090
1 68760, executed within 24 ho and completely filled o burial, cremation, or matic event, the m	TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a Chron	CONSEQUENCE OF):	PDIAL ruetine	Pulm	TION	Onset and De
P.O. BOX h certificate be ex anding physician a Hygiene prior to or other traum	ERTIFICAT	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a 1)13	CONSEDUENCE DF):	31.00		/	
AECORDS, P.O. BOX requires that the death certificate be expensioned by the attending physician a of Health and Mental Hygiene prior to shows any Injury, or other traum	MEDICAL	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	c. OUE TO (OR AS A		ying csuse given in	Part I. 24a. was ar PERFO	RMED?	AVAILABLE PRIOR TO
L RECORDS, P.O. BOX law requires that the death certificate be exast been signed by the attending physician a set bent of Health and Mental Hygiene prior to 23 shows any injury, or other traum	MEDICAL	ceuse. Enter UNDERLYING CAUSE (Dissease or Injury thet initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	c. OUE TO (OR AS A	it not resulting in the underl		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
L RECORDS, P.O. BOX law requires that the death certificate be ex so been signed by the attending physician a bept. of Health and Mental Hygiene prior to 23 shows any Injury, or other traum	MEDICAL	ceuse. Enter UNDERLYING CAUSE (Dissease or Injury that initiated events resulting in death) LAST PART II. Other significent condition	c. OUE TO (OR AS A	it not resulting in the underling in the underline in th	s. PLACE DF DEATH (Ch	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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OF VITAL RECORDS, P.O. BOX PHYSICIAN: The law requires that the death certificate be exiting certificate has been signed by the attending physician a with the State Dept. of Health and Mental Hygiene prior to keed, or item 23 shows any injury, or other traum	PHYSICIAN: MEDICAL	ceuse. Enter UNDERLYING CAUSE (Dissess or Injury thet Initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d. OUE TO (OR AS A. d. Days contributing to death but the	at not resulting in the underling in the underline in th	5. PLACE DF DEATH (Che	PERFO 1 YES seck only one) 8 Other (Specify)	RMED? 2 SE NO	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
ISION OF VITAL RECORDS, P.O. BOX TENDING PHYSICIAN: The law requires that the death certificate be exprove. After this certificate has been signed by the attending physician after death with the State Dept. of Health and Mental Hygiene prior to 28 is marked, or item 23 shows any injury, or other traum	BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Dissease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending	d. OUE TO (OR AS A d. d. Dins contributing to death but the property of the pr	at not resulting in the underly the underly of the	5. PLACE DF DEATH (Chi Home 5 Rasidenca INJURY AT WORK? YES 2 NO	PERFO 1 YES seck only one) 8 Other (Specify)	INJURY OCCURI	AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex AL DIRECTOR: After this certificate has been signed by the attending physician a 72 hours after death with the State Dept. of Health and Mental Hyglene prior to If item 28 is marked, or item 23 shows any injury, or other traum	BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Dissease or Injury thet initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY:	DIS CONTRIBUTING TO GRAN A d	at not resulting in the underly of the state	5. PLACE DF DEATH (Ch Home 5 Rasidenca INJURY AT WDRK? YES 2 NO offica	PERFO 1 YES 1 YES 26t only one) 26d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State	INJURY OCCURI	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
DIVISION OF VITAL RECORDS, P.O. BOX THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex- PHE FINNERAL DIRECTOR: After this certificate has been signed by the attending physician a fited within 72 hours after death with the State Dept. of Health and Mental Hygleine prior to PORTANT: If item 28 is marked, or item 23 shows any injury, or other traum	BE COMPLETED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Dissease or Injury thet initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY:	DIE TO (OR AS A DOES TO (OR AS A DOES CONTRIBUTING TO GENTLA DESCRIPTION OF THE DESCRIPTI	at not resulting in the underly 28b. Time of INJURY M 1	5. PLACE DF DEATH (Ch Home 5 Rasidenca INJURY AT WDRK? YES 2 NO offica	PERFO 1 YES 1 YES 26th only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and ma time, data and piaca, and	INJURY OCCURI	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO FOR THE PROPERTY OF THE PROPERTY O
DIVISION OF VITAL RECORDS, P.O. BOX HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex- FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to TANT: If Item 28 is marked, or item 23 shows any injury, or other traum	COMPLETED BY PHYSICIAN: MEDICAL	Ceuse. Enter UNDERLYING CAUSE (Dissease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	OUE TO (OR AS A d. DOIS CONTributing to death but DOIS CONTRIBUTING TO THE T	at not resulting in the underly and the underly are underly as a second of the underly as a second of	S. PLACE DF DEATH (Che Home 5 Residence INJURY AT WDRK? YES 2 NO office deta and place, and dua in, death occured at the	PERFO 1 YES 1 YES 26th only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and ma time, data and piaca, and	INJURY OCCURI	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO FOR THE PRIOR TO THE
DIVISION OF VITAL RECORDS, P.O. BOX THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex- PHE FINNERAL DIRECTOR: After this certificate has been signed by the attending physician a fited within 72 hours after death with the State Dept. of Health and Mental Hygleine prior to PORTANT: If item 28 is marked, or item 23 shows any injury, or other traum	BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Dissease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Statural 5 Pending Investigation of the detarmined detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS 29b. SIGNATORE AND TITLE OF CERTIFIER 29b. SIGNATORE AND TITLE OF CERTIFIER	DIS CONTRIBUTING TO GEATH DURY (Month, Day, Year) 28a. PLACE DF INJURY building, etc. (Specific Cause of examination of the basis of examination of the basis of examination of the basis of course of the complete Cause of Death	at not resulting in the underly and the underly are underly as a second of the underly as a second of	S. PLACE DF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO office deta and place, and dua in, death occured at the	PERFO 1 YES 1 YES 26th only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(s) and ma time, data and piaca, and	INJURY OCCURI	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO NO NUMBER OF THE PRIOR TO SERVE OF DEATH?



93 11513 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT HAME (Ost, Middle, Last) EIIIS Taylor 2. DATE OF DEATN 3. TIME OF OEATH OAY MONTH 04 1:15 lm 93 4. SOCIAL SECURIT 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign Apr. 3, 1993 None 1 X M 2 - F 0 HOURS MID (9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Holy Cross Hospital DIRECTOR Silver Spring, MD Montgomery RESIDENCE OF DECEDENT 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Prince George"s Laurel 1 4 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13305 Adams Place 20708 burial-transit USA 11. MARITAL STATUS
1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, P

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **Black** COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION secify only highest grade complete 16h. KIND OF BUSINESS/INDUSTRY (So College (1-4 or 5+) 0 None None once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at Ellis Taylor Felecia Tapscott BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Felecia Taylor 13305 Adams Place, Laurel, MD 20708 must be 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Mt. Comfort Crematory 4/9 Alexandria, VA 4 ☐ Donation 5 ☐ Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave, NW, Washington, DC 20016 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition rema HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other algnificent conditions contributing to desth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL r this certificate ha 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ENoutpatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 TES 2 PNO me 5 - Residence 6 - Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Item 28 Is marked, 5 Pending 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident Investigation 28e. PLACE OF INJURY --- At home, tarm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 | Homizide 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and placa, and due to the cause(a) and manner as stated. IMPORTANT: If 2 MEDICAL EXAMINER: On the b mination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 표 ▶ Apr. 3, 1993 23 2 EM 27) (Type, Print)

1500 Forest Glen Rd., Silver Spring, MD

Ramsey,

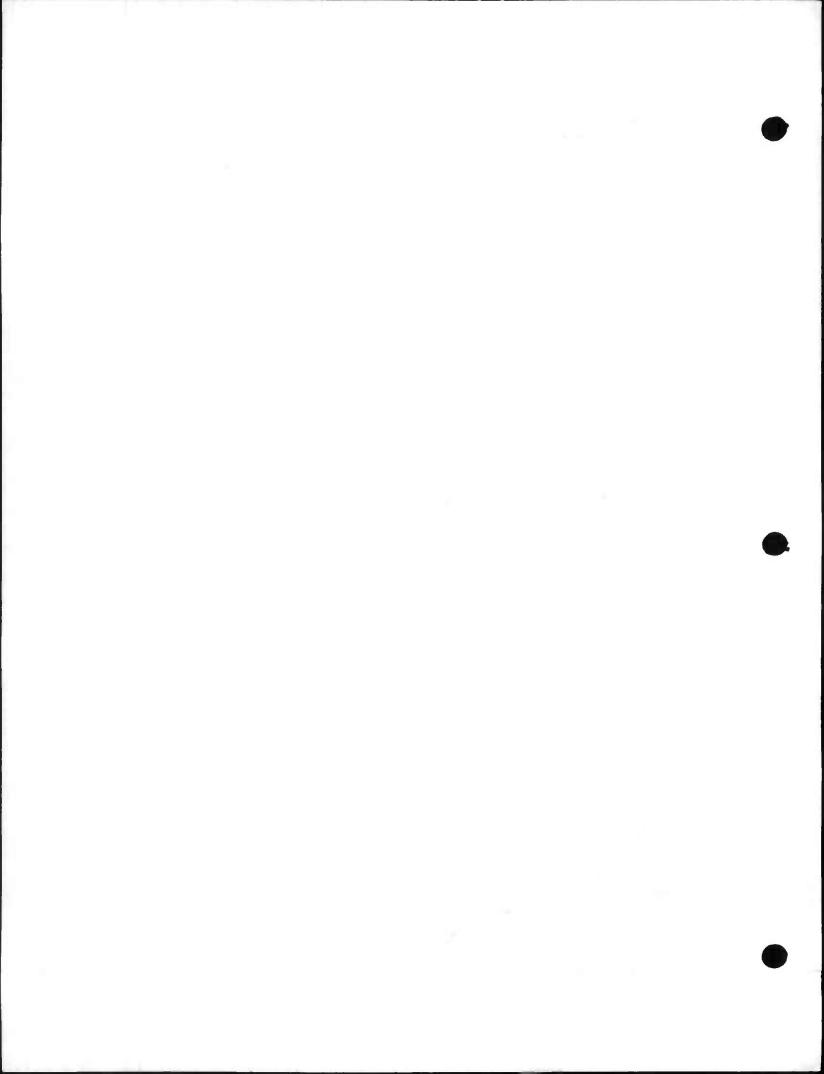
31. DATE FILED (Month, Day, Year)

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MARYLAND 21203-3146

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event, traumatic signed by the attending physician Health and Mental Hygiene prior to death certificate be 0 In lury. the that any has been Dept. of I WE certificate h ŏ marked, this (DIRECTOR: After the hours after death death HOSPITAL OR ATTENDING 28

TO THE HOSPIT TO THE FUNERA be filed within 7.

1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF DEATH 3. TIME OF DEATH 54 ENRR O 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 377-03-2047 1 - M 2 D 80 YRS. MARCH 11,1913 LONDON, ENGLAND 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH DIRECTOR HOWARD COUNTY GENERAL HOSPITAL COLUMBIA HOWARD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h COUNTY 10d. INSIDE CITY **MARYLAND** HOWARD COLUMBIA 1 X YES 2 NO FUNERAL 10a STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6336 CEDAR LANE 21044 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or 14. RACE — American Indian. Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES. GIVE WAR OR DATES BY 3 X Widowed 4 Divorced WHITE ETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION secify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe COMPL 12 BUILDING COMPANY BOOKKEEPER/SECRETARY 17. FATHER'S NAME (First, Middle, Last) ABRAHAM SILVERMAN BESSIE BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 MICHAEL. (SON) 5536 SUFFIELD COURT - COLUMBIA, MARYLAND 21044 TENNOR METHOD OF RISPOSITION Burlel 2 Cremetton 3 XF 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State MACH PELAH FERNDALE, MICHIGAN CEMETERY 4 Departs 21. SIGNATURE OF FUNERAL SERVICE INCENSES 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND20\$52 23. PART. Enter the displaces, or complications that caused the death. Do not anter the mode of dying, such ea cerdiac or respiratory arrest, shock, or heart veilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (FIN **Onset and Death** disease or condition resulting in death) 51 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 HO atient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, fary building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner as stated NATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month/ Day, Year) BE (MENY 4 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF SEATH (ITEM 27) (Type, Print) 1105 205 ONFEN

31. DATE FILED (Month, Doy, Hear)

APR 06 93

32. REGISTRAE'S SIGNATURE

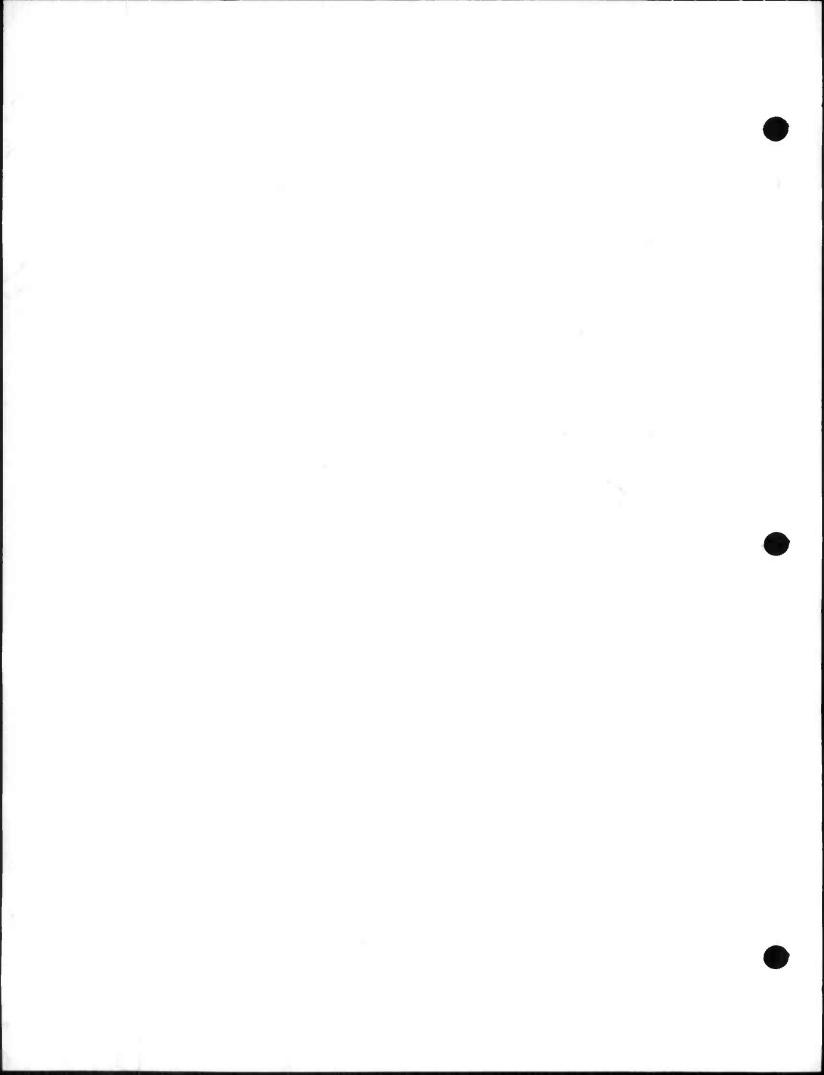
Julia Davidson-Randalle

DHMH-16 Rev 1/89

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	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	V. HAROTR	2772.4.7	-		2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH	
	<u> </u>	D	NEAL T	'HOMAS		Apr. 2	1993	0530 a M	
	100 00 0071	SEX 6. AGE (III	n yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 08 1	Court	HPLACE (State or Foreign try) Tyland	
	9e. FACILITY NAME (If not institution, give street	,		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF		
DIRECTOR	Dorchester Gen	eral Hosp	ital	Camb	ridge		Dorche	orchester	
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	-	10c. CITY	TOWN OR LOCAT	TION		10d. INSIDE CITY		
PHO	MD. Dorch	ester		Ca	mbridge			LIMITS?	
AL	10a. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	117 Sandy				21613		U.S.	. A .	
	11. MARITAL STATUS 1 Never Married X X Married	2. WAS DECEDENT EVER IN FORCES? 1 YES	2X XNO	13. WAS DEC	ENDENT OF HISPAN acity Cuban, Mexica	NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Blac	CE — American Indian, ck, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 X NO Specify		Spe	own white	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION moleted)	16a. DECEDENT'S	USUAL OCCUPATION done during mo		166. KIND OF BUS	INESS/INDUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	audi	retired.)	or or working	State	of Mai	1	
M	1 1 17. FATHER'S NAME (First, Middle, Last)		auuı	101				ryland	
		ldred The	omas			ME (First, Middle, Meiden : ace Walk			
BE (19a. INFORMANT'S NAME (Type/Print)	Idled Inc	7	ADDRESS (Street a		Route Number, City or Town			
٩	Mrs. Peggy K. T	homas	1			d. Cambr		1. 21613	
	20a. METHOD OF DISPOSITION X1X Burlel 2 Cremetion 3 Remove		PLACE AND DATE O	F DISPOSITION (Na			CATION — City or 1		
	4 Donation 5 Other (Specify)	Do	orchest	er Mem	. Park		bridge	Md.	
	21. SIGNATURE OF FUNEBAL SERVICE LICEN:	SEE	0	22. NAME AN	ID ADDRESS OF FAC	Thomas	Funera	1 Home	
	1 events	K Thomas	- 7	700	Locust	St. Cambi	ridge M		
	23. PART i. Enter the diseases, or com ahock, or heert feliure. Lis	iplications that ceused t only one cause on ea	the death. Do not ch line.	ot enter the mo	de of dying, suci	h aa cardiac or reapi	ratory arreat,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	\wedge	00	10				Onset and Death	
1	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF):				Sev (21.	
z	A DEPOTMENT OF COME								
E I	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
2	CAUSE (Disease or injury	DUE TO OR AS A	CONSEQUENCE OF						
CERTIFICATION	that initiated events resulting in death) LAST	30E 10 (01 13 A	CONSEQUENCE OF) .					
	DAST II ON THE III								
SA!	PART II. Other significant conditions of	contributing to death bu				Part I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
Ē	200	- a ano	1 orge	00	11 <u>1)</u> .	1 YES 2	CHO	OF DEATH?	
Σ.						-		1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Che	ck only one)			
Sic		OSPITAL: Inpetient 2 ER/Outpe		OTHER: 4 - Nursing Hom	o 5 ☐ Residence	8 Other (Specify)			
H	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURED		
BY	2 Accident Investigation	00- 01 405 OF HILLIAM			ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At nome, farm, st fy)	ireet, factory, office	'	281. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,	
9	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my knowle	all arms in		71.5-110.0°75.00		2-20mm.		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: (N: To the best of my knowle On the basis of examination						a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM			D (Month, Day, Year)	
) BE	10	Ver-	_		0000		14/K	195	
임	30. NAME AND ADDRESS OF PERSON WHO C		TH (ITEM 27) (Type,	Print)	<i>y</i>		4.3	-13.	
ļ	M. S. 24	MACFE						2	
	31. DATE FILED (Month, Day, Year) 6 '93	32. REGISTRAR'S SIGNA	avidson-Par	ndere					
- 1	711.1 30								



	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	TMENT OF H	EALTH AND I	MENTAL HYGIEN REG. NO.				
8	1. OECEOENT'S NAME (First, Middle, Last)	- Taul	_			2. DATE OF DEATH		YEAR 3. TH	ME OF DEATH	
	4. SOCIAL SECURITY NUMBER	. 1A410K	2			4-1	- 9:	3 (2048	М
1	036-18-3283	1 □ M 2 □ F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year); 9/15/2	5 I	FLORID	E (State or Foreig)A	in cu
OR	90. FACILITY NAME (If not institution, give str Suburbar			Bethe	or LOCATION OF DE	md	9c. COUNTY	Y OF DEATH	may	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	,	10c, CITY	, TOWN OR LOCAT	1	117=	1.1.1	104	INSIDE CITY	
	The second secon	TGOMERY		SINGTON				1 🕮	LIMITS? YES 2 NO)
RA	11130 STILLWAT	TER AVENUE		101	2089	5	10g. CITIZE	EN OF WHAT C	OUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes		4. RACE — An	nericen Indien,	
B≺	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D. 194		It yes, spe	It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:			Black, White, etc. Specify: WHITE		
뎶	15. OECEDENT'S EDUC (Specify only highest grade of	CATION completed)	16a. DECEOENT'S U (Give kind of wo	ork done during mos	ON est of working	SINESS/INDUS				
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5+)	CIVIL EN	retired.)						
OM	17. FATHER'S NAME (First, Middle, Last)	4	OIVIL LI	GINLER	18. MOTHER'S NA	CONSTRU ME (First, Middle, Maiden		ENGI	NEERIN	G
BE C	NATHANIEL J.	TAYLOR		RUBY	JORDAN	Suremaj				
0 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street e	11001	Route Number, City or Town	n, State, Zip Co	ode)		
-	ANN T. WALL					SILVER SPR				
	20e. METHOD OF DISPOSITION 1 XI Burlet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Date 20b. PLACE AND DATE OF DISPOSITION (Name of Competer), cremetory, c									
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE			O T COTT		17 1701			
	Steven!	Stund		FRANCI:	S J. COL. IVERSITY	LINS FUNER BLVD., W.	AL HOM	ſE, IN	C. MD 209	901
	23. PART i. Enter the diseasee, or co shock, or heart fallure. L	complications that caused List only one cause on a	tha death. Do no	ot entar tha mo	de of dying, auci	h aa cerdiac or respi	ratory arrea	it,	Approximata interval Batw	
	iMMEDIATE CAUSE (Final disease or condition			Y	00-1					
1	resulting in death)									
2	immediate cause (Final disease or condition resulting in death) a. Cardio respiratory arest Due to (or as a consequence of): Vaccular Insufficiently love Externity Due to (or as a consequence of): Use the conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (or as a consequence of): Due to (or as a consequence of): Cardio respiratory arest							_		
TIO	Sequantially list conditions, if any, landing to immediate	1 . (1	2 +						
CERTIFICATION	CAUSE (Disease or injury	G W	CONSEQUENCE OF	alher	roscleno	to Vasa	ulan 1	Dea	20.	
FE	that initiated events resulting in death) LAST		CONSEQUENCE OF)	J•						
		d						+		
CAL	PART II. Other significant conditions	s contributing to death b	ut not resulting in	tha undarlying	cause given in	PERFOR	MED?	AWAIL	AUTOPSY FINDINABLE PRIOR TO	
ED	1,000	000(1)				1 □ YES 3	X NO	OF DE		Æ
Ξ.						_		10	YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	eck only one)				
YSIC	1 YES 2 NO	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Outp		OTHER: 4 - Nursing Home	e 5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF CEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	285. TIME INJU	IRY WOI	RK?	28d. DESCRIBE HOW IN	NJURY OCCUP	RED		
B	2 Accident Investigation	284 DI ACE OF IN HIDY	At home form at		rES 2 NO					
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, term, au	reet, factory, office	·	261. LOCATION (Street e City or Town, State)		Rural Route N	umber,	
COMPLETED		CIAN: To the bast of my knowl R: On the basis of exemination							nanner ee statei	d.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	01	.0		29c. LICENSE NUM		29d. DATE S	GNED (Month	i, Day, Yeer)	
TO B	- P	my	V./.		D378	391	D 4/	1/93		
	A. RAJVANSHI		атн (ITEM 27) (Тура, F Э Се ССТОСЕ		4303	Silver Spriv	1 × M	ومد ر	702	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE 30	0				-		
	APR 05 '93	Julia Davi	(700)	Lat.						

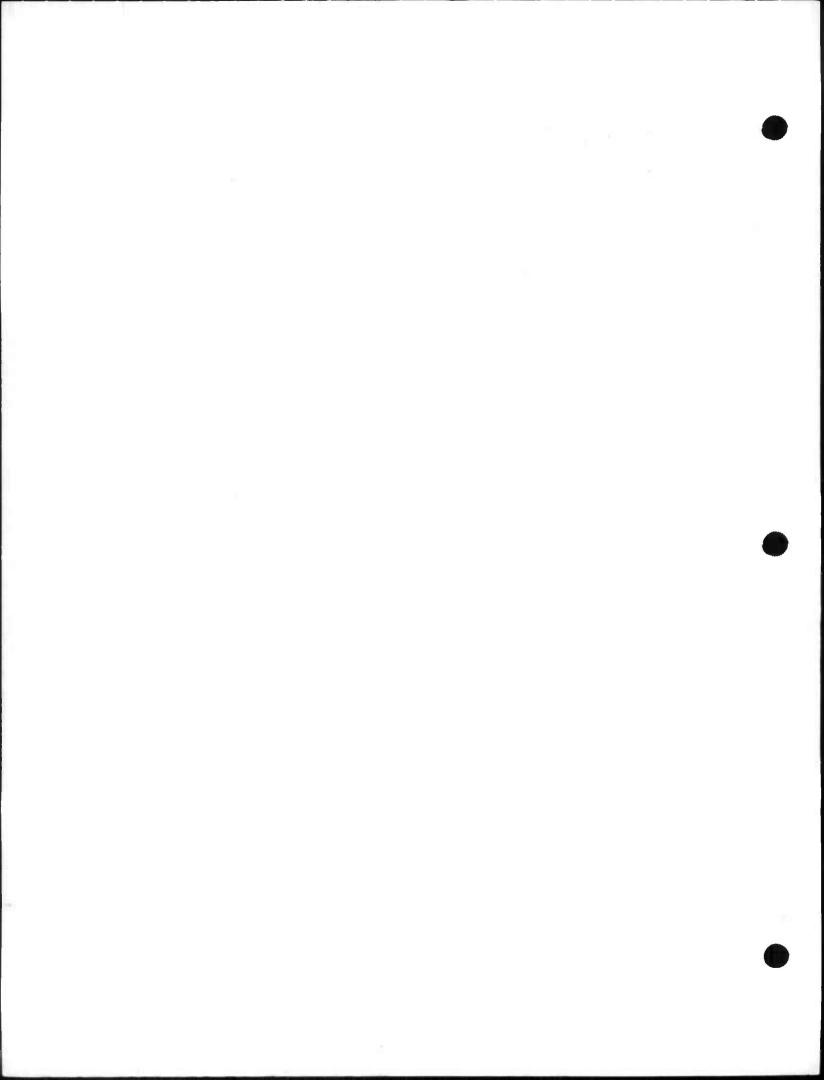
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



	1 - STATE OF I		ARTMENT OF HEALTI		AL HYGIENE REG. NO.	93	11517	
	1. DECEDENT'S NAME (First, Middle, Last)				E OF DEATN	7510	3. TIME OF DEATH	
	William	Α.	Tyler.			1993	10.20 AM	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthda	MONTHS DAVE HOUSE	Mor (Mor	E OF BIRTH	8. BIRTI	HPLACE (State or Foreign	
	214-36-4778 POM 2 F	50 YRS	EV. E. 11.50	05	-19-194		aryland	
œ	St. South of Pearl							
	Suburban Hospital		Bethesda			omery		
DIRECTOR	10e. STATE 10b. COUNTY		SITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
	Maryland Montgomery		Rockville			TYPES 2 NO		
RA	615 W. Lynfield Driv	_	10f. ZIP CO		100		WHAT COUNTRY?	
FUNERAL		T EVER IN U.S. ARMED	13. WAS OECENDENT	20850	IN2 /Results Van er N	U.S	. A . E — American Indien,	
	1 Never Married 2 Merried FORCES? 1	YES 2 NO	If yes, specify Cut 1 ☐ YES 20 ☐ (ben, Mexican, Puerto	Rican, etc.)	Blac	k, White, etc.	
ЭВУ	3 Widowed 4 Divorced 1960	-1962	1 10 120	о орвону.		Spec	"y: Black	
Ē	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind o	"S USUAL OCCUPATION of work done during most of work	king 16	b. KIND OF BUSINES	SS/INOUSTRY		
12	Elementary/Secondary (0-12) College (1-4 or 5 -		ting Specia	alist N	ational	Inst	itutes of	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				Middle, Meiden Surns		Health	
BE C	William A. Tyler, Sr	•		Martha				
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street and Numb	per or Rural Route Nur	mber, City or Town, Sta	nte, Zip Code)		
-	Audrey J. Tyler (wif	e) 615	W. Lynfiel	ld Dr.,	Rockvi	lle,	MD 20850	
	20e, METHOD OF DISPOSITION 2 Buriel 2 Cremetion 3 Removal from State	20b. PLACE AND DAT	r other place) n Mem. Parl	DA	TE 20c. LOCATIO			
	4 Donation 5 Other (Specify)	Parklaw	n Mem. Park		7 Rock	ville	, MD	
}	FENNER !		SNOWDEN	N FUNER	AL HOME	, P.A	•	
	23. PART I. Enter the diseases, or complications tha	u eeu	ROCKVII	LLE, MD	20850			
	snock, of realt felture. List only one cau	se on each line.					Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition	xtremity.	Injuries wi	ith Com	plication	ons	Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Onset Complications Out of Complications Out of Complications Out of Complications Out of Complications							
Z	Sequentielly list conditions,							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	(OR AS A CONSEQUENCE	OF):					
5	CAUSE (Disease or injury	(OR AS A CONSEQUENCE	OF)					
E	resulting in death) LAST	,	J. j.				_	
H	DATT II Other classificant and list and the control of							
CAL	PART II. Other algorificant conditions contributing to Atherosclustic Curclion	deeth but not resulting	in the underlying cause	given in Part i.	24a. WAS AN AUTO PERFORMED		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	- They or cardiov	ascular Dise	ase		YES 2 N	10	OF DEATH?	
Σ						İ	1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF	DEATN (Check only o	ne)			
Sic	EXAMINER? 1 VES 2 NO 1 Inpatient 2	ER/Outpatient 3 DOA	OTHER:					
E	27. MANNER OF DEATN 28a. DATE OF (Month, D.	ny Yeard III	IME OF 28c. INJURY AT WORK?		SCRIBE HOW INJUR	Y OCCURED		
ΒY	2 Accident Investigation 02/28	/1993 3:	20P. 1 TYES 2	⊠ no Pe	destria	n in .	Auto/Auto	
	3 Suicide 6 Could not be determined 28e. PLACE O building,	F INJURY — At home, term atc. (Specify)		City	CATION (Street end No or Town, State)			
Ē,			wash				edor St.	
COMPLETED	(Check only 1 CERTIFYING PNYSICIAN: To the best of	my knowledge, death occu	rred at the time, date end place	e, and due to the ca	nuse(e) end manner e	e stated.		
8	one) 2 MEDICAL EXAMINER: On the beele of ex	amination and/or investigat	tion, in my opinion, death occu	ured at the time, dat	a end place, and dua	to the cause(e) end manner as stated.	
BE	196. SIGNATURE AND TITLE OF CENTIFIER	and the same		CENSE NUMBER	29d	. DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON THE COMPLETED CAUS	E OF DEATH OTEM 275 /X=	O .	.C.M.E.		04/	02/1993	
				Dol+4			3 04-5-5	
	31. DATE FILED (Month, Day, Year) APR 05 02 32. REGISTRA	R'9 SJGNATURE	nn Street,	Ddltlm	ore, Ma	rvlan	d 21201	
	DPK US YKAN	audson Abode	الله الله الله الله الله الله الله الله					

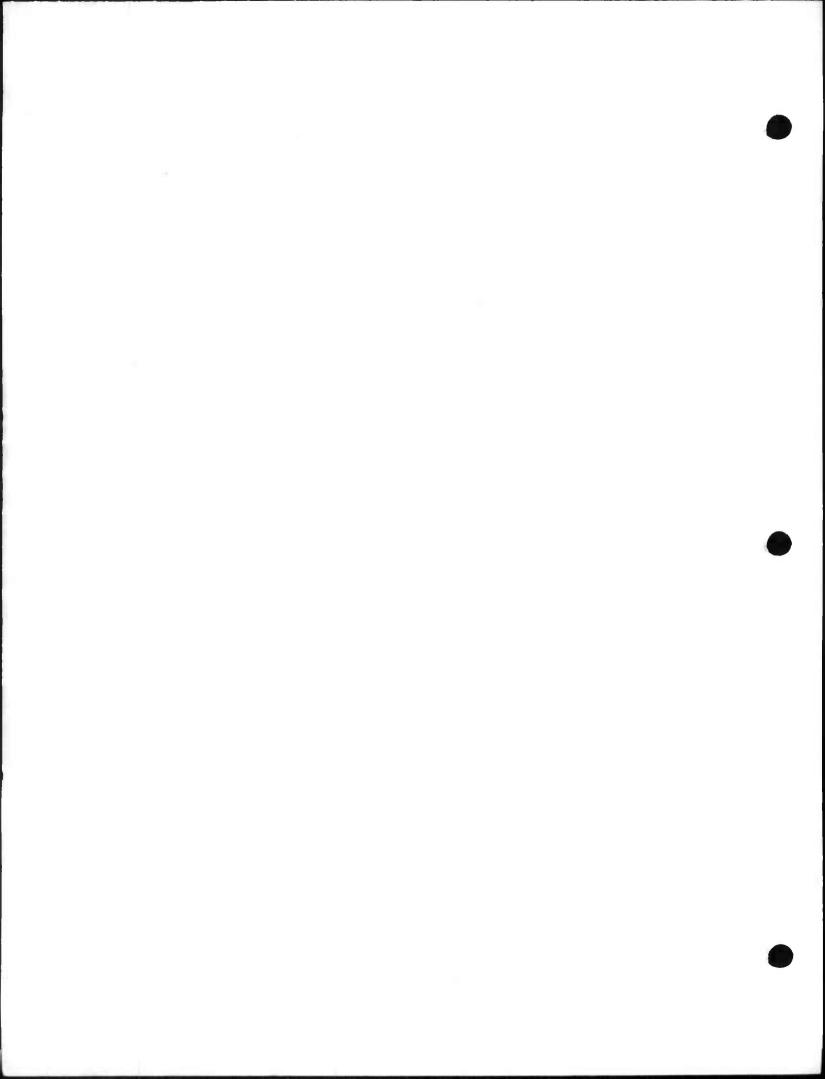
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



DOUGLAS
31. DATE FILED MARR

1993

							9	3	1518	
1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	Russell W	TROXE	r.		2. DATE OF DEATH	3/16/	93 YEAR	3. TIME OF DEATH	
		IKOXEL	· IIIOA			03 16		3	0144 AM	
R	022 02 0000	. SEX 6. AGE (In yrs. ia	YRS. IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Opy, Year)	918	6. BIRTHP Country)	PLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street Shady Grove Adver	9b. CIT		or LOCATION OF DI						
5	Shady Grove Adventist Hospital Rockville Montgomery								ner'y	
DIRECTOR	Maryland Mont	10c. CITY, TOWN	10c. CITY, TOWN OR LOCATION Damascus							
	10e. STREET AND NUMBER		101. ZIP CODE			10g. CITIZEN OF				
FUNERAL	9120 Gue Road		20872			U				
S	11. MARITAL STATUS 12	MED 13. WAS DECENDENT			OF HISPANIC ORIGIN? (Specify Yes					
BY F	1 Never Married 2 Narried 3 Wildowed 4 Divorced	NO If yes, specify Cuban, Mexican 1 ☐ YES 2 ♣ NO Specify			in, Puerto Rican, etc.)	Puerto Rican, etc.) Black, White, etc. Specify: White				
ED	15. DECEDENT'S EDUCATION	CEDENT'S USUAL OCCUPATION			16b. KIND OF BUSINESS/INDUSTRY					
COMPLETED	(Specify only highest grade corr Elementary/Secondary (0-12)	ive kind of work done during most of working . Do NOT use retired.)								
AP.	5 +		Teacher			County School Syste			System	
Ö	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA			ME (First, Middle, Maiden Surname)				
BE (Wilfred R.	Wilfred R. Troxel			Marie					
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
F	Constance J. Troxel 9120 Gue Road, Damascus, Md. 20872									
	20b. PLACE AND DATE of DISPOSITION (Name of cometey, cremetory or other place).									
	4 Donation 5 Other (Specify) Mount Ulivet Cemetery 3/19/93 Frederick, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
					n L. Molesworth, P.A. Ol Ridge Rd., Damascus, Md. 20872					
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.									
	shock, or heart failure. List only one cause on each line. interval Between Onset and Death Onset and Death									
	disease or condition resulting in death)					Jon				
z	Onset and Death									
	Sochemia slave Holad									
CERTIFICATION	If any, leading to immediate									
2	CAUSE (Disease or injury									
브	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
ER	d									
7.11	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
<u>র</u>	Starke (10-strainles TAX6-strainles Performed? AMAIABLE EVAN DE COMMETTAN DE COMMET									
입	(harrie	nutio /11	ani.	-		1 VES 2	1 UYES 2 NO		OF DEATH?	
PHYSICIAN: MEDICAL	1 YES 2 NO								1 YES 2 NO	
Ž	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
S	EXAMINER? 1 YES 2 S NO HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
١	27. MANNER OF DEATH	28b. TIME OF	28b. TIME OF 28c. INJURY AT		28d. DE\$CRIBE HOW INJURY OCCURED					
	1 Netural 5 Pending			PRK? YES 2 NO						
28e PLACE OF INJURY — At home form street feeton office							16f. LOCATION (Street and Number or Rural Route Number,			
COMPLETED	4 Homicide detarmined				City or Town, State)					
7	29a. CERTIFIER (Check only (Check only)									
8	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.									
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									
B	Dreftes & Pheny toe, m				D27301 ► 3/16/93					
2	D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH STEM OR COMPLETED CAUSE								192	

32. AGISTRAR'S SIGNATURE
Julia Landson-Randell

ROCKWISE, MS 20850

. . . .

3. TIME OF DEATH

10d, INSIDE CITY

14. RACE — American Indian, Black. White, etc.

1 X YES 2 | NO

WHITE

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

Onset and Death

8. BIRTHPLACE (State or Foreign

MARYLAND

WICOMICO

U.S.A.

Specify:

2335

P

2. DATE OF DEATH

4 SOCIAL SECURITY NUMBER

MAE

6. AGE (in yrs. last birthday)

RADER

29e. CERTIFIER (Chack ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

VCL

Col

0

32. REGISTRAR'S SIGNATURE cha Lavidson-Andelle

29c. LICENSE NUMBER

SHIRLEY

5. SEX

use as the burial-transit permit,

director, page 5 should be detached for

the funeral

or removal. medicai

attending physician and completely filled in by intel Hygiene prior to burial, cremation, or remo

signed by the atter Health and Mental Injury,

certificate has been h the State Dept, of

the 6

executed within

other traumatic event, the

0

any

23 shows

Hem

IMPORTANT: If

BE

2

8

2 MEDICAL EXAMINER: On the be

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH JITEM 27) (Type, Print)

Kole

31. DATE FILED (Morith, Day, Year)
APIK (6 1993

notified at

90

must

examiner

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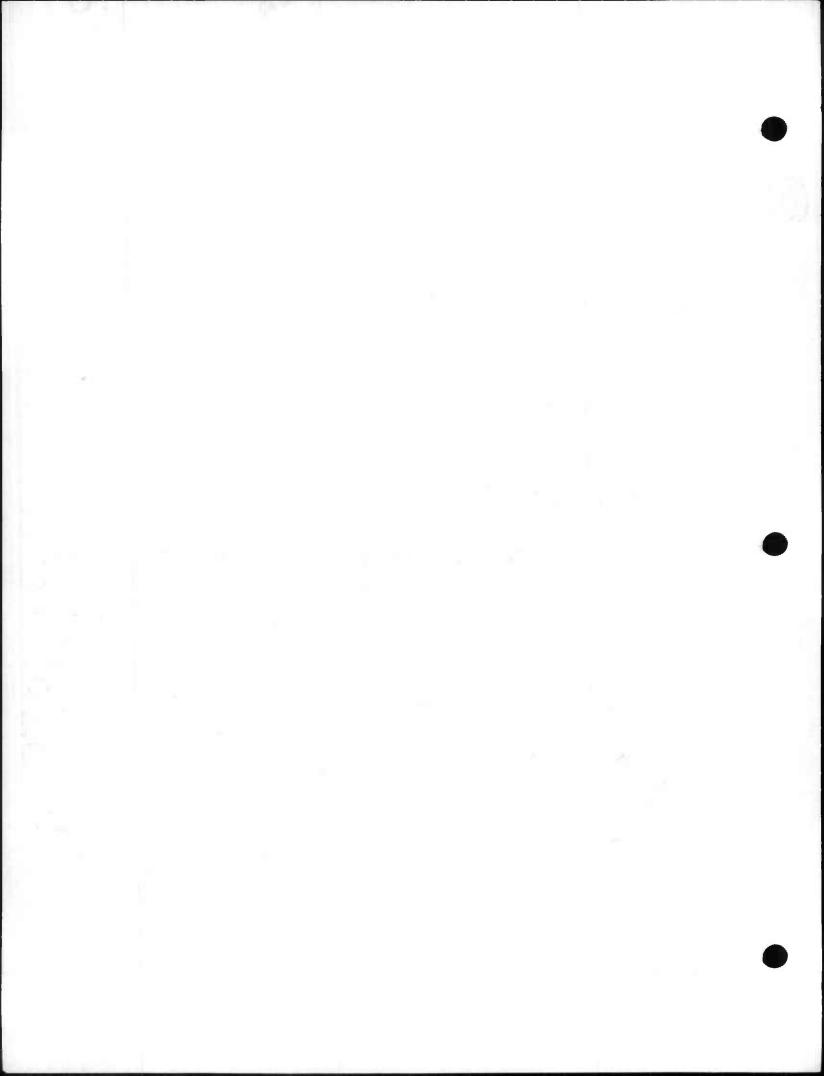
BALTIMORE, MARYLAND 21215-0020

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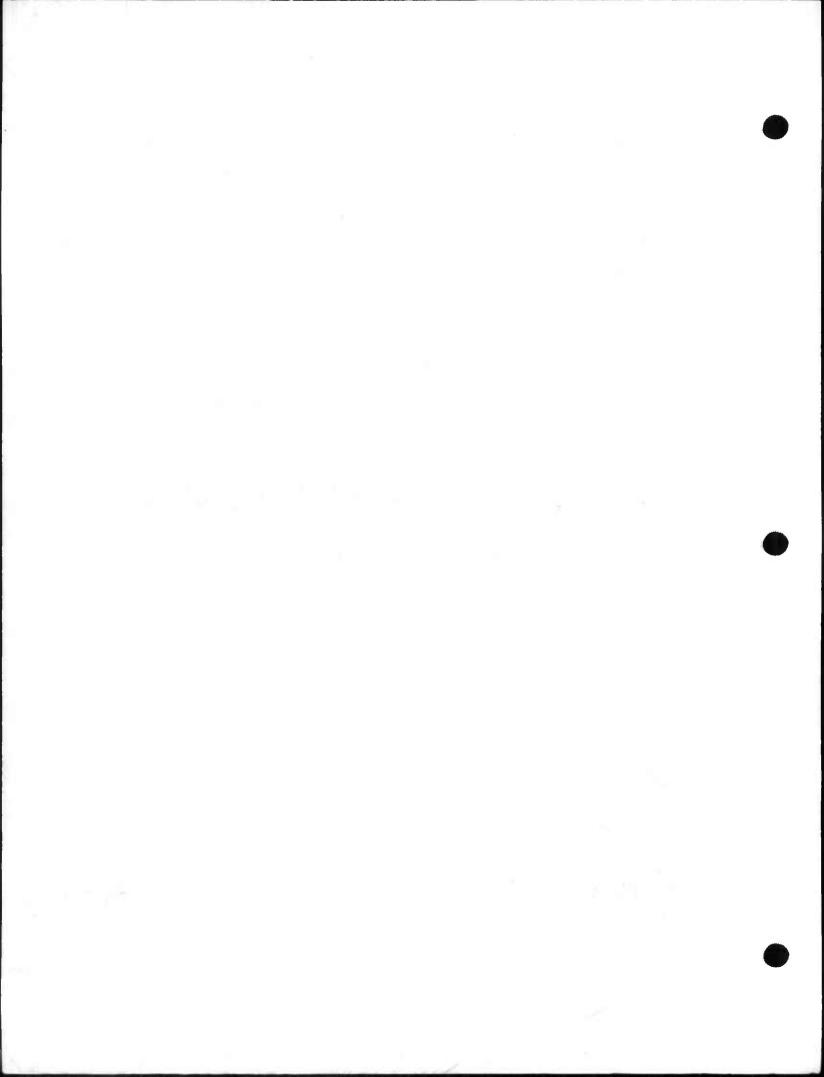
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	, Middle, Last)	*			7		TA	2. DATE OF	DEATH	w	VEAD	3. TIME OF DEATH
	Irma	Sop	hronia			IK	110	ITS	04	0	2	93	0255 1
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRTI	IPLACE (State or Foreign
1	221-03-5554		1 M 2 X F	75	YRS.	MONTHS	DAYS	HOURS MIN.	10/		17		yland
S.	PENINSULA			AL CENTI	96. CITY, TOWN OR LOCATION OF DEATH SALISBURY					9c. COUNTY OF DEATH WICOMICO			
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY											
Ë	THE STATE OF THE S				0.00	TOWN OR							10d. INSIDE CITY LIMITS?
	Maryland	WIC	omico		2	alisb		ZIP CODE			20 000		1 TYES 2 NO
¥	Riverside	Drive	Pinehlu	ff Vill	200		101.	21801			USA	IZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	DIIVC,	12. WAS DECEDEN			13 W	S DEC						E — American Indian.
	1 Never Married 2		FORCES? 1	YES 2	NO	- Hr	/es, spe	city Cuban, Mexic	nn, Puerto Rici	en, etc.)	- OI NO	Blac	k, White, etc.
À	3 Widowed 4 Divo	-11 011 211 20	ATES 1 ☐ YES 2 NO Specify:				ıy.		whi				
COMPLETED	15. DEC (Specify only	EDENT'S EDUC	CATION completed)	16a. Di	CEDENT'S I	USUAL OCC	UPATIO	N et of working	16b. KJ	NO OF BU	SINESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	H)	. Do NOT use	e retired.)							
₽ V	11		2	se	creta	ry/bo	okk	eeper		count		chool	.S
႘	17. FATHER'S NAME (First, M		*11					18. MOTHER'S N.					
H	Paul Hamil		illey					Helen			-		
٩	Donald C. T							., Sali					
	20a. METHOD OF DISPOSIT 1 ☑ Burlai 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Reme	oval from Stats	20b. PLACE cemetery, cre Sprin	ematory or oth	her place)		me of Gardens	4/5		CATION —		rwn, Stats
	21. SIGNATORE OF FUNETUA	E BERVICE LIC	ENSER 1	1		22. N/	ME AN	D ADDRESS OF F	CILITY				
	John St.	11. K	100/6	val		50	1 5	way Fun Snow Hil	1 Rd.,	Sal:			ID.21801
	23 PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one cat	isa⊲on each line	.			Z ^G P				rest,	Approximate Interval Between Onset and Death
1			/										1
Z	Sequentially list conditi	ions.	*	(OR AS A CONSE	DR	ATT	ich	1					(week
RTIFICATION	If any, leading to imme- cause, Enter UNDERLY	diate	DUE TO	~			1					7 7	1 sugarted
윤	CAUSE (Disease or Inju		DUE TO	(OR AS A CONSE	DUENCE OF					NO.		, -1	770000
	resulting in death) LAS	т				,				*			
S			-										
DICAL	PART II. Other significe			death but not	resulting in	n the unde	eriying	cause given in	Part i. 24	In. WAS AN		248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
		Leel		- 0					_ 1	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ	Severe	124	cumat	H) Cus	THE	2775		4		1 14			1 TES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO	2 11501011											
ᅙ	EXAMINER?	O MEDICAL	HOSPITAL:	2.1152.500		OTHER:		ACE OF DEATH (C					
<u>~</u>	1 YES 2 NO		1,0 Inpatient 2 D		28b. TIME	-	g Nome	5 Residence	6 Other (S			- Au Lawren	
- 1	1 Netural 5 🗆	Pending Investigation	(Month, E		INJE			PK?	200. DESCR	IBE NOW I	NJUHT OC	COMED	
•	3 Suialda	Could not be	26s. PLACE C	F INJURY — AI ho	ome, farm, st	treet, factor	y, office				and Numbe	r or Rural I	Route Number,
		determined	bullaning,	etc. (apocity)					City or	lown, State)			1700
ן ב	29a. CERTIFIER (Check only	IFYING PHYSI	CIAN: To the best of	my knowledge, de	eth occurre	d at the tim	o, data	and place, and du	to the cause	a) and mer	oner es ete	ted	
COMPLE	00-1												s) and manner as stated.
- 11	29b. SIGNATURE AND TITLE						Т	29c. LICENSE NU		Verez			(Month, Day, Year)
H H		-	no Cto	mo				1)39	813		•	4/2	197
2	30. NAME AND ADDRESS OF	F PERSON WHI	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)		1	-			-1	11-3
		tkins	MD 1	104 He	alth	vay	Dri	ve Sau	sbury	MA	2180	1	
6	31. DATE ALLED (MOTH), Day.	1993	Side Sing	H.S. SIGNALONES	عائلات				0				



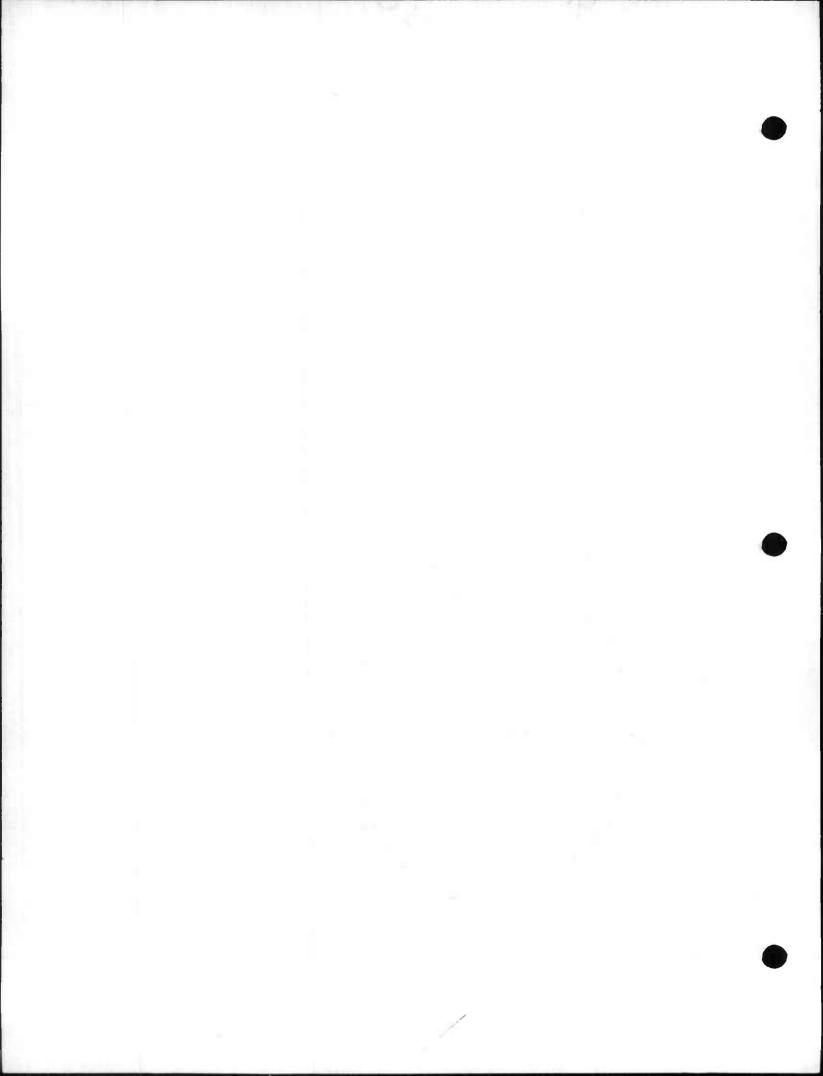
BALTIMORE, MARYLAND 21215-0020	hours after death, Page 6 may be retained by the hospital or attending physician.	THE TABLE OF STATE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, should be detached for use as the burial-transit permit. Pages 1, should be detached for use as the burial-transit permit. Pages 1, should be detached for use as the burial-transit permit.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF HIGH CONTINUE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	NEML DIRECTOR: After this certificate has been signed by the attending physician and completely fine in the State Dept. of Health and Mental Hypiene prior to burial, cremation	IMPORTANT If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	STATE OF	日本の	MPORTA

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM	MENT OF HI	EALTH AND M	ENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)			*		2. DATE OF DEATH		3. TIME OF DEATH		
		Mawn Yao Yee	Tsai			April 7,		1:20 A M		
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	4 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)				
		¹□ M 2XXF 93	YRS.	HINS DAYS	HOOMS WIN.	Feb. 8, 1		aiwan		
	9a. FACILITY NAME (If not institution, give street	,	98	. CITY, TOWN OF	R LOCATION OF DEA	тн	9c. COUNTY	OF DEATH		
P	Suburban Hospita	al		Bethe	esda		Montg	omery		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION	ON			10d. INSIDE CITY		
급	Maryland Mont	tgomery	Bet	hesda				LIMITS? 1 YES 2XXNO		
₽ F	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	9112 McDonald Dr:	ive		2	0817	-	United	d States		
5		12. WAS DECEDENT EVER IN U. FORCES? 1 YES		13. WAS DECE	NDENT OF HISPANIC	ORIGIN? (Specify Yes		RACE — American Indian, Black, White, atc.		
BY I	1 Never Married 2 Married 3 XXWidowed 4 Divorced	IF YES, GIVE WAR OR DATE			NO Specify:	Poerto Rican, etc.)		Specify:		
	15. DECEDENT'S EDUCA	TION I	Ba. DECEDENT'S US	IAL OCCUPATION		16b. KIND OF BUS	1	Asian		
COMPLETED	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most	of working	166. KIND OF BUS	INESS/INDUST	MY		
틸	12	College (1-4 of 5 T)	Homemake	r		Own Ho	mo			
Š	17. FATHER'S NAME (First, Middle, Last)		TO THE STATE OF		18, MOTHER'S NAM	E (First, Middle, Malden				
BE	Chang Lee				Not Ava	ilable				
5	19a. INFORMANT'S NAME (Type/Print)	-	196, MAILING AD	DRESS (Street and	d Number or Rural Ro	ute Number, City or Town	, State, Zip Cod	(e)		
-	Robert Dalton		9112 Mc	Donald	Drive, B	ethesda, 1	Marylan	nd 20817		
20e. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4/10/93 OATE 20c. LOCATION - City or Town, State cemetery, crematory or other place)										
	4 Donation 5 Other (Specify). 21. BIGNATURE OF FUNERAL SERVICE LICEN	Mo	ntgomery	Cremat	orium, I	nc. Bet	hesda.	Maryland		
	51.1	9		Robert	A. Pump	hrey_Funei	al Hon	ne/Bethesda-		
_	Whichall	Thesen	M00846	Bethes	da, Mary	nc. /55/ V land 208]	V1 scons L4-3501	ne/Bethesda- sin Avenue		
	23. PART i Enter the diseases, or con shock, or heart feilure. Lis	mplications that caused the	ne desth. Do not	enter the mod	e of dying, such	es cerdiec or respir	ratory arrest,	Approximate Intervel Between		
	IMMEDIATE CAUSE (Finei	_						Onset and Death		
	disease or condition resulting in death)	EX SA	NGUINA	TION				MINUTES		
		DUE TO (OR AS A CO	ONSEQUENCE OF):	M 1=0	- 1.000	CVCT		Vrans		
CERTIFICATION	Sequentially list conditions, b.	HEMOPTY SI	ONSEQUENCE OF):	11 LEF	1 20/10	- CYS/		YFAKS		
SAT	If any, leading to immediate cause. Enter UNDERLYING							ĺ		
Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CO	ONSEQUENCE OF):							
E	resulting in deeth) LAST									
AL C	PART ii. Other significant conditions	contributing to deeth but	not resulting in t	he underiving	ceuse given in P	art i. 24a. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS		
				11 1002 110	Sec. 20 111 111 111	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC						1 YES 2	MO	OF DEATH?		
						-		1 TES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLA	CE OF OEATH (Chec	k only one)				
Sic		HOSPITAL:		THER: Nursing Home	5 - Residence 8	Other (Specify)				
PHY	27. MANNED OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF		RY AT	28d. OEŞCRIBE HOW IN	JURY OCCURE	D		
BY	1 Natural 5 Pending 2 Accident Investigation		127		S 2 NO					
	3 Suicide 8 Could not be 4 Homicide datarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, tarm, stree	t, factory, offica	1	281. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,		
	An CERTIFIED									
COMPL	(Check only CERTIFYING PHYSICIA	AN: To the best of my knowledg								
8		On the basis of examination ar	nd/or investigation, in	ny opinion, dea	eth occured at the tie	me, data and place, and	f due to the car	use(s) and manner as stated.		
8	296. SUGRATURE AND TITLE SE CERTIFIES	_	0		29c. LICENSE NUMB			SNED (Month, Day, Year)		
10	30. NAME AND ADDRESS DA PERSON WHO	MD, FCCI			p070	OFFTOUN	4/	#193		
	EDWARD S ME	EHLITAN, M	D. FCCP	10 1	VLMONA	ry ASSOCI	ATES	17- 20814		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	,	9410	OLD GEOR	GE TOWN	RD	DETHESOA, MD		
	VDD UA 103	Julia Davidson								
لــــا	HII VO 70	A COLUMNICATION	A Calmine							



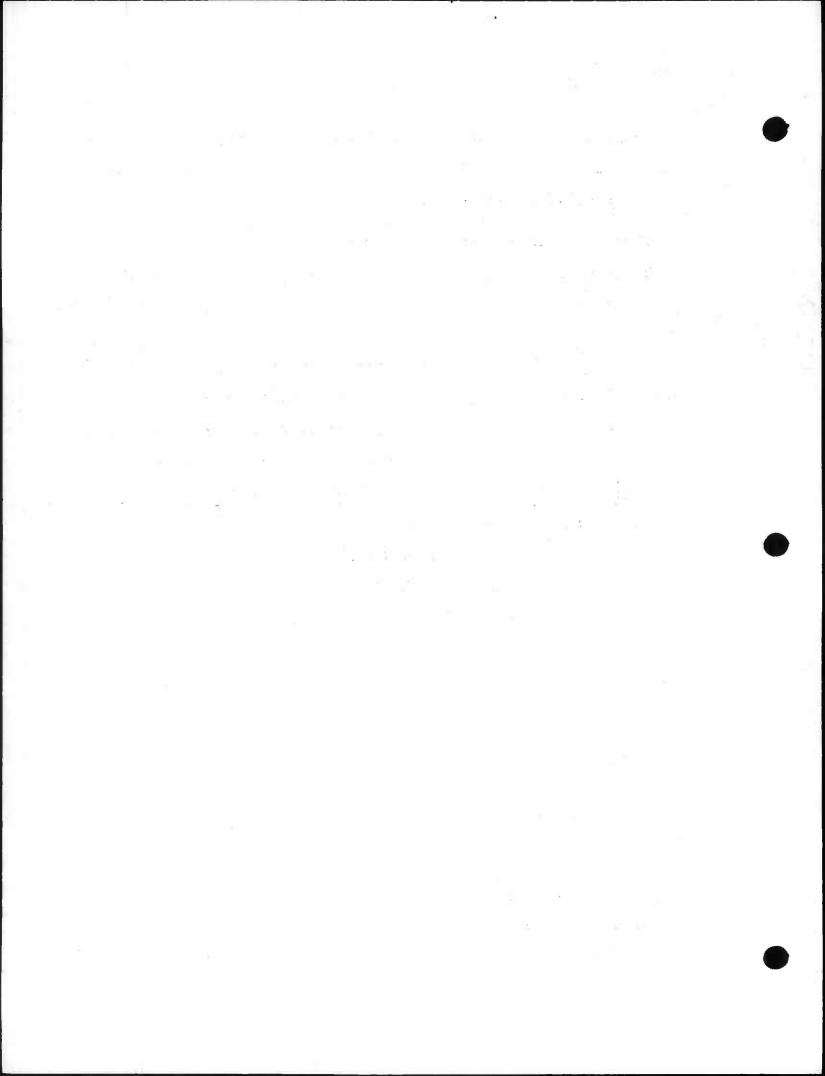
TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached in	CATHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital	*** Table: HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	1 1 1	11522				
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
3	ANGELINA		TERILLI		APRIL 4	MY YEA . 1993	4:20 PM				
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (DER 1 YEAR IF UNDER 24 HRS.	RS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreig						
	092-09-7256	1 M 2 F 97		IS DAYS HOURS MIN.	July 4.	1895	Italy				
H			35.	Rockville	DEATH	9c. COUNTY OF DEATH Montgomery					
S	Collingswood Nur RESIDENCE OF DECEDENT 100. STATE 10b. COUNT		too CITY TOW	N OR LOCATION		PIOTIC					
DIRECTOR		gomery	Rocky				10d, INSIDE CITY LIMITS? 1 YES 2 Y NO				
	10e. STREET AND NUMBER	gomery	THOCK	101. ZIP CODE							
FUNERAL	18 Monroe Street	,		20850		United	ed States				
E	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES	N U.S. ARMED	13. WAS DECENDENT OF HISPI If yes, specify Cuben, Mexic	s or No- 14. F	RACE — American Indian, Black, White, etc.					
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D.		1 TES 2 NO Spec	8	White					
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16s. DECEDENT'S USUA		16b. KIND OF BU	ISINESS/INDUSTF					
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use retire								
MP	12		Homemaker		Own Ho						
	17. FATHER'S NAME (First, Middle, Last) Francis	Palombo			AME (First, Middle, Maider						
BE	19a. INFORMANT'S NAME (Type/Print)	1 alumbu	19b. MAILING ADDR	Anton		Ferria					
19e. INFORMANT'S NAME (Type/Print) Aurora Mullarky (Daughter) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as #10											
	20a. METHOD OF DISPOSITION	20b	PLACE AND DATE OF DIS	POSITION (Name of	DATE 20c. LC	DCATION — City o	or Town, State				
	1X Buriel 2 Cremation 3 Rem 4 Donalion 5 Other (Specify)		odlawn Cemetory or other plant			nx, New	York				
	21. SIGNATURE OF FUNERAL SERVICE LI	P)		Rapp Funeral	Services,		D 00040				
	23. PART I. Enter the diseasee, pr	complications that cause	d the deeth. Do not en	933 Gist Ave ter the mode of dying, su	, SIIVEL S	DITING, Normal of the street,	AD 20910 Approximata				
	shock, or heert failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	interval Between Onset and Death 2-3d									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERILYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF): UNDERILYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEDUENCE OF):										
AL.	PART II. Other significent condition	ns contributing to deeth b	out not resulting in the	Underlying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDIC					1 🗍 YES :	2 Å) NO	OF DEATH?				
2							1 TES 2 HO				
NA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one)						
SIC	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	oatlent 3 DOA 4 DX	IER: Nursing Home 5 🗆 Residence	8 Other (Specify)						
PH	27. MANNER OF DEATH 1 🔀 Natural 5 🗍 Pending	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURE	D				
BY	2 Accident Investigation	20- DI ACE OF IN HID	N As have a second	1 YES 2 NO							
TED	3 Suicide 8 Could not be determined	building, etc. (Spec	' — At home, farm, street,	factory, office	281. LOCATION (Street City or Town, State		ral Route Number,				
COMPLETED		ICIAN: To the best of my know ER: On the basis of exemination					se(s) and manner as stated.				
BE C	The state of the s	P ,	7 10 11	29c. LICENSE N	UMBER	29d. DATE SIG	NED (Month, Day, Year)				
	296. SIGNATURE AND TITLE OF CERTIFIE	" /					(100,000, 000)				
	Sunte	Hans	- MD	D4:	3272	▶ Apri	11 5, 1993				
TO B	30. NAME AND ADDRESS OF PERSON WHO Sanita Hanjura,	HOCOMPLETED CAUSE OF DE		D 42	3 27 2 Rd. Rocky		11 5, 1993				



be reported by the hospital or attending physician.	age a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 was not regard to the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

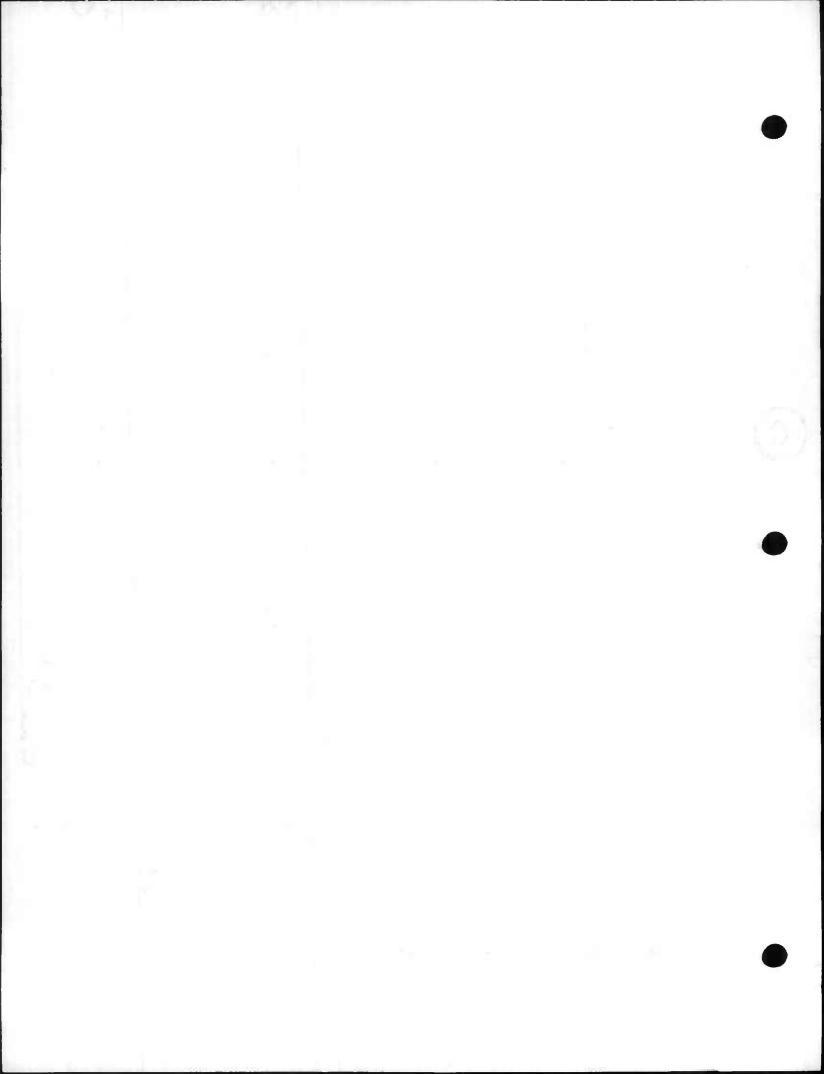
	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEAD		ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	WELDON THOMAS	Weldon 1	Lester	Thomas		APRIL 5.	1993	8:00P M
		80		FUNDER 1 YEAR IF		7. DATE OF BIRTH (Month, Day, Year)	Co	RTHPLACE (State or Foreign untry)
	213-12-5340 X	X M 2 □ F 7 1	YRS.			1-31-192		Maryland
Œ	Perry Point V.A	,		D. CITY, TOWN OR LO		ТН	9c. COUNTY O	
16	RESIDENCE OF DECEDENT	. nospita.	L	rerry	ville		L Ce	ecil
DIRECTOR	Many 1 and D			TOWN OR LOCATION				10d, INSIDE CITY LIMITS?
	Maryland Do	rchester	В	ishops F				1 TYES XIX NO
RA	Buck Ridge Road				21672		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL		2. WAS DECEDENT EVER IN 1	U.S. ARMED	13. WAS DECENDE	ENT OF HISPANIC	ORIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	2 NO ES	If yes, specify	Cuban, Mexican, NO Specify:	Puerto Rican, etc.)		pocity: White
	15. DECEDENT'S EDUCAT		16a. DECEDENT'S U	NIA CONTRATION				
COMPLETED	(Specify only highest grade cor	mpleted) College (1-4 or 5+)	(Give kind of wo	rk done during most of a retired.)	working	16b, KIND OF BUS	SINESS/INDUSTR	Y
절	10	55/10/5/7/	Boat	Repair E	Busines	5.5		i
ő	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maiden	Sumame)	
BE	Lester Q. Thoma	S			Netha			
2	190. INFORMANT'S NAME (Type/Print) Emma Arnie					ute Number, City or Tow		
	20e. METHOD OF DISPOSITION	200 5		Appled Disposition (Name of		DATE 20c LO		fd. 21613
	1 Donation 5 Other (Specify)	from State cemer	ery, crematory or other	r place) erans Ce	m 4/8		rlock,	
	21. SIGNATURE OF TWERAL BERVICE LICEN			22. NAME AND AD	ODRESS OF FACIL	ЛҮ		iid.
	* the will					al Home		
\vdash	23. PART I. Enter the diseases, or con	pilcationa that caused	the death. Do no	enter the mode o	f dylng, such	St Cambr	ratory arreat,	Md 21613 Approximate
	shock, or heart fallure. Lis	t only one cause on eac	ch lina.					Interval Between Onset and Death
	disease or condition		mon	ia				
		DUE TO (OR AS A C	CONSEQUENCE OF):	A				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A S						
8	cause. Enter UNDERLYING CAUSE (Disease or injury	Ciarr	ette >	mokin	6			
E	that initiated events resulting in death) LAST	DUE TO OR AS A C	CONSEQUENCE OF):		0			
员	d)		-	
AL C	PART II. Other algorificant conditions of	contributing to death but	t not resulting in	the underlying car	use given in Pa			24b. WERE AUTOPSY FINDINGS
					/	PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME					<u></u>	_		1 TES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: MEDIC	EXAMINER?	IOSPITAL:		THER:	OF DEATH (Check	,		
H	27. MANNED OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. INJURY		Other (Specify)	NJURY OCCURED	,
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IRJUF	M 1 YES	2 NO			
	3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specify	- At home, farm, str	et, factory, office	2	et. LOCATION (Street of City or Town, State)		ral Floute Number,
ETE	4 Homicide determined							
COMPLET	and a	N: To the best of my knowled						
8	2 MEDICAL EXAMINER: (On the besie of examination of	end/or investigation,				d due to the cau	se(e) end manner es stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	e Louis		290	LICENSE NUMBI	21/.	29d. DATE SIG	NED (Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type. P	rint)	410	27	4/	0/10
	SALVATORE LAURIA.				1902			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE Pande	M.				
	APR - 7 '93	Julia Das	taser-Nation					



price Gined by the hosp	sage 5 should be detache		be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mans after death. Page in International by the hong	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the innersal director, page 5 should be detailed	or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.
rtificate be executed within 24	g physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or memoral	ither traumatic event, the
requires that the death cer	been signed by the attending	t. of Health and Mental Hygi	shows any injury, or o
ENDING PHYSICIAN: The law	R: After this certificate has	er death with the State Dep	is marked, or item 23
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO	be filed within 72 hours aft	IMPORTANT: If Item 28

5

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTI	MENT OF H	EALTH AND DEATH		GIENE 9	3	1524		
	1. DECEDENT'S NAME (First, Middle, Last)			FULMA		2. DATE OF DE		C 4 C	E OF DEATH		
	Lenna Belle			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	07 199		1620 M		
1	218-24-5273	1 □ M 2X_XF 66	YRS.	ONTHE DAYS	HOURS MIN.	1 - 4 - 1	927	Mary1	and		
OR	9a. FACILITY NAME (If not institution, give PENINSULA REGIO			SALIS	BURY	EATH		y of death ICOMIC	0		
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ	10c. CITY,	TOWN OR LOCAT	ION			10d. II	ISIDE CITY		
	Maryland Wi	comico		Salisl				1 & X	MITS? YES 2 NO		
FUNERAL	520 Druid Hil	1 Avenue		101.	21801			N OF WHAT CO US	OUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	S. ARMED X X NO									
COMPLETED											
MPL	12		Restaur	ant Wo	orker						
	ROSSIE James Gray Minnesota Horseman										
0											
	Paul O. Tillman 520 Druid Hill Ave Salisbury, Md 20a_METHOD OF DISPOSITION 1.D. Burdal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION / Name of cemptlery, cremation of ather place) D. T. C. (1.6.)										
	4 Donation 5 Other (Specify)	5 t	Paul Ind	S P.E	. Cem.	4/10					
	21. SIGNATURE OF TUNERAL SERVICE	CENSEE		Thoma	as Fune Locust	eral Ho	ome imbridge	. Md.	21613		
	23. PART is Enter the diseases, or shock, or heart failure.	complications that caused to List only one ceuse on and	he death. Do not					t, /	Approximate nterval Between		
	immediate Cause (Final disease or condition resulting in death) a. Renal faulure								Onset and Death		
z	DUE TO (OR AS A GONDHOUENCE OF): Dealetes Mellitros.										
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					İ			
AL C	PART II. Other significant condition	ns contributing to death but	not resulting in	the underlying	cause given in	Part i. 24s. V	MAS AN AUTOPSY PERFORMED?		AUTOPSY FINDINGS BLE PRIOR TO		
MEDIC	ARDS.						YES 2 NO		ETION OF CAUSE		
	- CAD					_		1 🗆 Y	ES A NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (C/	neck only one)					
YSIC	1 TES 2 NO	HOSPITAL:		THER: Nursing Home	5 Residence	6 Cher (Speci	ffy)		(4)		
	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	RED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre			261. LOCATION City or Town	(Street and Number or , State)	Rural Route Nu	mber,		
OMPLET		SICIAN: To the best of my knowled							anner es stated.		
O BE CO	29b. SIGNATURE AND THE OF CHARLES	nese			29c. LICENSE NU	MBER O	29d. DATE S	HIGNED (Marth	Day, Year)		
T	Christson Aud	dleston 10	6 Mil+	and S	t. SAL	shury	Md. &	2180	/		
	APR U 9 '93	32. REGISTRAR'S SIGNATI	URE			7					



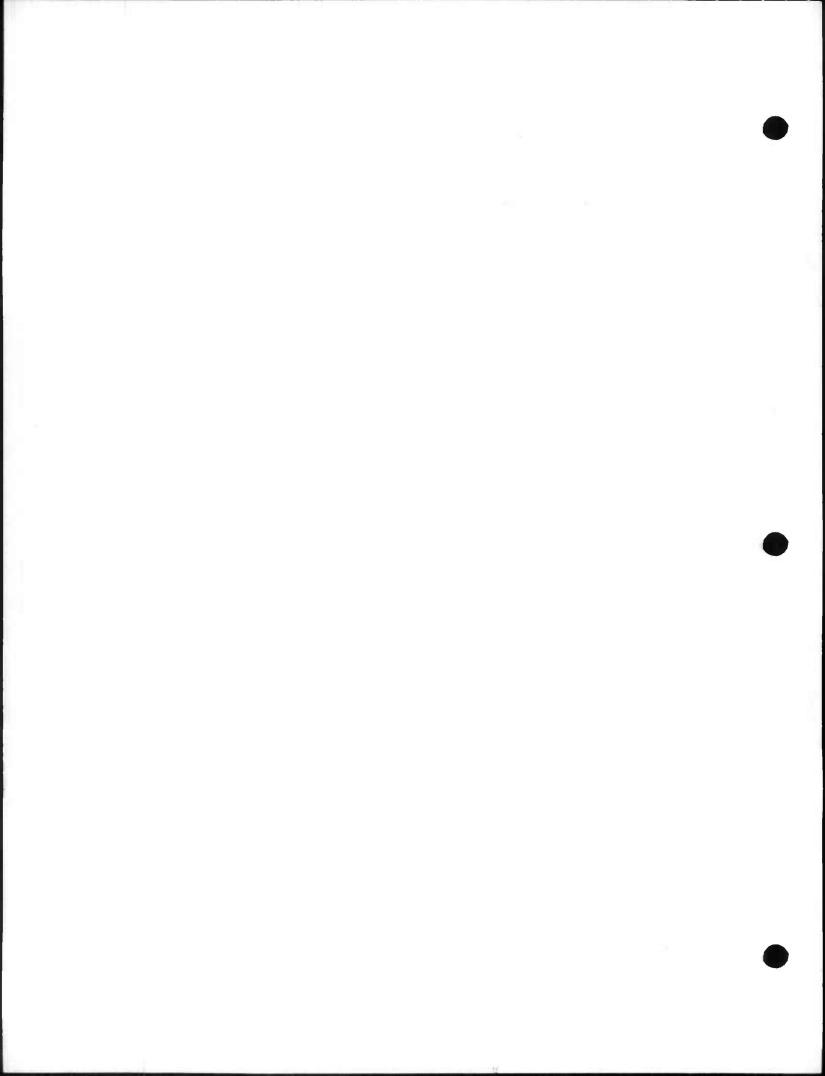
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN			RHE	CALE	OF DEA	ип	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	- Da	vid Elm	er TO	STEN	Ir		2. DATE OF	DEATH	γ	YEAR	3. TIME OF DEATH
	David E. TOSTEN					01.		Marc	h 29	, 19	93	9:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	EAR IF UNDE	ER 24 HRS.	7. DATE OF 8	WRTH	75	A BIRTH	4Pt ACE /State or Foreign
	478-14-5034	1 🕅 M 2 🗌 F	73	YRS.				March	7,	1920	Mar	ÿland
_	9a, FACILITY NAME (If not institution, give a				9b. CITY, TO	WN OR LOCAT	TION OF DE	ATH		9c. COU	NTY OF D	DEATH
9	Avalon Manor Hom	e Inc.			Hage	erstown	n			Was	hing	ton
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		40- 0170	TOWN OR I	00471041						
DIRECTOR				IOC. CITY								10d. INSIDE CITY LIMITS?
51	Maryland V	Vashingto	n		наде	rstown		1 (A) YE				1 X YES 2 NO
FUNERAL						101. ZIP COI				10g. CIT		
Ä	245 N. Potomac S				,	217			U.S.A.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN' FORCES? 1	VES 2 X					IIC ORIGIN? (S	pecify Yes i. etc.)	or No—	14, RACI Blac	E — American Indian, k, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2X NO	Specify				Spec	White
	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S I	JSUAL OCCI	PATION		T 165 KIN	D OF BUS	INESS/IN	VIETEV	WILLE
	(Specify only highest grade Elementary/Secondary (0-12)		(G		ork done duri	ng most of work	uing	Pool Kin	U OF 808	INC 99/INI	JUSTRY	
2	8	Conege (1-4 or 5 +		rafts	man			Ai	rcrai	ft		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Tur co	ince i i	18, 8600	THER'S NA	ME (First, Middl				
	David E. Tosten	. Sr.						Kend1		Jonneshey		
B	19a. INFORMANT'S NAME (Type/Print)	,	19	. MAILING	ADDRESS (S	treet and Number				State 76	Code)	
유	Lawrence L. Tost	ten				ood Dr						1740
	20a. METHOD OF DISPOSITION					ON /Name of						
4	1 N Burial 2 Cremation 3 Remo	oval from State	ROSA	matory or oth	er place)	tary /	_1_0	DATE 20c. LOCATION — City or Town, State Hagerstown, Maryland				Maryland
21. SIGNATURE OF FURILINAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Minnich Funeral H									Maryrand 1 Home			
1	Sugar	m	` _	1								, Md. 21740
_	Scory	11114	ninch	<u> </u>								, rid. 21740
	23. PART I. Enter the diseases, or o shock, or heart fallure.	List only one caus	caused the de se on each line	ath. Do n	ot enter th	mode of dy	ying, suct	n as cardiac	or respir	atory an	rest,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	Mot	it she he	0.	n= C'm .	. ts	1 :	٧ - ٧	-41	iben	بطية	Onset and Death
1	resulting in death)	DUE TO	OR AS A CONSE	DUENCE OF	:	- C	<u></u>	V-4			2114	101
-	_	Con	Cin omi	1	Lu	M.						
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	DUENCE OF):	-						
3	cause. Enter UNDERLYING)						
Ē	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE OF):							
동	resulting in death) LAST	d										
ᅙ	PART II. Other significant condition	s contributing to	death but not a	anultina is	the unde	dulan anua-	elian la l	0.41			1.0	
EDICAL CERTIFICATION	TAIN III OUIGI OF OFFICE CONCINOTE	e continuoning to	weath but not r	esulting ii	i the unde	nying cause	given in	Part I. 24s	PERFORI		246	WERE AUTOPSY FINDINGS AMAJLABLE PRIOR TO
ă								_ 10	YES 2	MO		OF DEATH?
Σ												1 TES 2 NO
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	86. PLACE OF	DEATH (Che	ick only one)				
YS	1 TYES 2 110	1 Inpatient 2				Home 5 🗆 R	Residence	6 🗆 Other (Sp	ectfy)			
표	27. MANNER OF DEATH	28a. DATE OF (Month, Da		28b. TIME INJU		c. INJURY AT WORK?	i	28d. DESCRIE	BE HOW IN	JURY OC	CURED	
À	2 Accident Investigation					YES 2	□ NO					
8	3 Suicide 8 Could not be	26a. PLACE Of building,	INJURY — At ho etc. (Specify)	me, farm, st	reet, factory,	office		281. LOCATIO City or To		nd Number	or Rural I	Route Number,
E I	4 Homicide determined											
COMPLET	290. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	ath occurred	d at the time	data and plac	e, and due	to the cause(a	and man	ner as atal	led,	
8	one) 2 MEDICAL EXAMINE	R: On the basis of ax	emination and/or i	nvestigation	, in my opin	ion, death occu	ured at the	time, date and	place, and	due to th	ne cause(e	a) and manner as stated,
O III	200. SIGNATURE AND TITLE OF CERTIFIER	1	`	-		29c. LIC	CENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)											
∞ ∥		y-and	>	W.)	7	004	1262		10	YIP	1an 1997
TO B	36. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITE	4 27) (Type,		1 3	0 04	1262		12	N 6	1an 1993
∞ ∥	36. NAME AND ADDRESS OF PERSON WHAT	O COMPLETED CAUS	E OF DEATH (ITE	# 27) (Type,	Print)	ton E	24. D 04	De 12	A 48	wn	m?	10-1993 D21740
∞ ∥	30. NAME AND ADDRESS OF PERSON WHO ST. M. F. S. 31. DATE FILED (Month; Day, Year) MAD 2 1 1003	O COMPLETED CAUS) 138	27) (Type,		ton S	24. D 04	1262	A 40	wn	m ?	10-1993 D21740

More hospital or attending physician. BALTIMORE MERYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Por 6 man in claims by the attending physician and completely filled in by the funder actificate has been signed by the attending physician and completely filled in by the funder actificate has been signed by the attending physician and completely filled in by the funder after that has been signed by the attending physician and completely filled in by the funder after the claim of the filled by the things and injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MAK 2 T 1332



smould be detached for use as the burial-transit permit, Pages 1, 2, 3 should by the runned by the hospital or attending physician. directo the funeral removal. filled in by 6 l completely filled irial, cremation, c and com

BALTIMORE, MARYLAND 21215-0020

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(687	law requires that the death certificate be executed
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The Is
/ISION	ATTENDING
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Hygiene prior to

signed by the attending physician Health and Mental Hyglene prior to

has been s

FUNERAL DIRECTOR: After this certificate I within 72 hours after death with the State

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PR 0 1 1993

4 32. REGISTRAR'S SIGNATURE

Sinder Penters

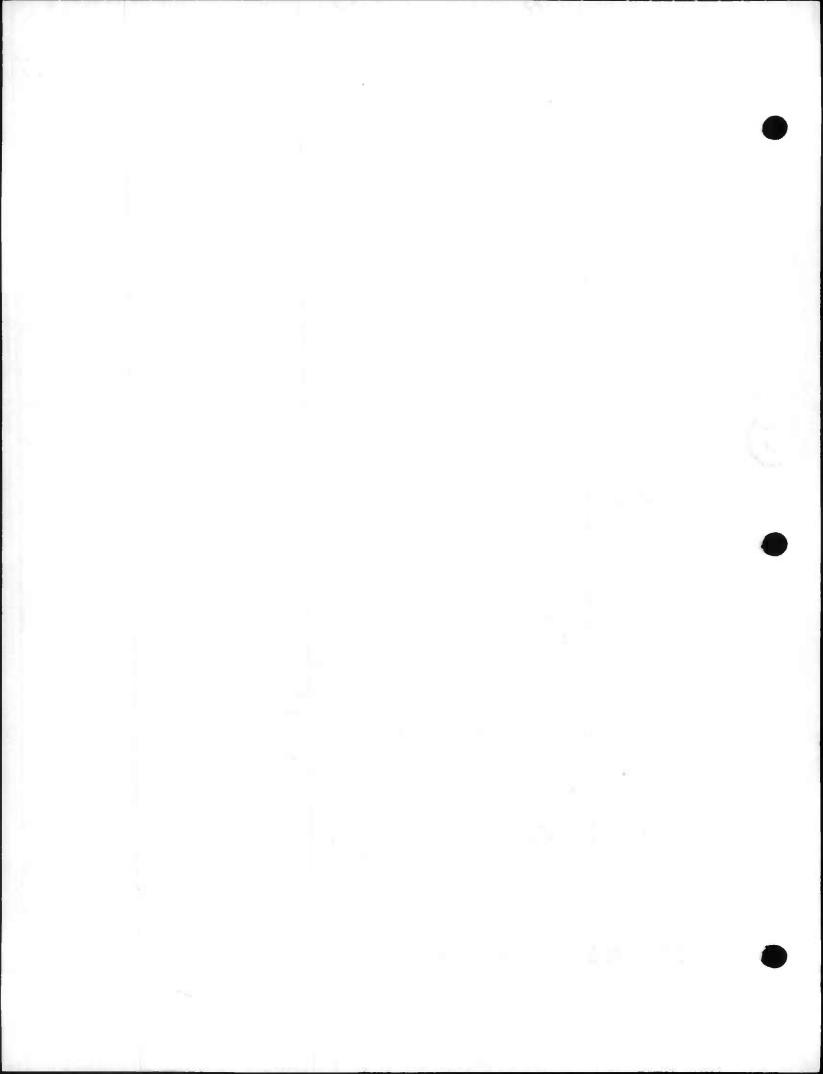
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR 0400 AM TIPTON 93 Haskell 04 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) May 1, BIRTHPLACE (State or Foreign Country)
 N. Carolinia IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 - F 410- 09- 7935 YRS. 1905 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington DIRECTOR Hagerstown Washington County Hospital RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Washington Rohrersville 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21779 U. S. A. 20301 Bent Willow Rd. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, 1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X sp. White BY COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Publishing C. Director 8 be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Joseph F. Tipton Melessa Laughern H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20301 Bent Willow Rd., Rohrersville, Md.21779 Ruth M. Tipton 20s. METHOD OF DISPOSITION
1 V Buriel 2 Cremetion 3 V Removal from State
4 Donation 5 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Most Cemetery 4- 4- 93 Jonesboro, Wash.Co.Tenn. Onks 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 7606 Old National Pike Gundof BAST FUNERAL HOME, Boonsboro, Md. John H. Bast, Jr. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final the disease or condition_ Crowth Garcer Mehrospi resulting in death) 2 m.- p. traumatic event. DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? any Bilux Hent Consendur 1 TYES 2 THO OF DEATH? shows : 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 -40 4 Nursing Home 5 Residence & Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 286. TIME OF INJURY 28d, OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be determined COMPLETED 4 Homicide 28 ltem me 29a. CERTIFIER

(Chack and (Chack MPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE michae Melomuh M.1 041667 193 2



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TO THE MISPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARYL		MENT OF H			IYGIENE REG. NO.	93	11521
1. DECEDENT'S NAME (First,	Middle, Lest)	Charlotte	Eli Tr	2. DATE OF DEATH MONTH 4 - 2 DA			9373 TE	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMB 249-60-716 90. FACILITY NAME (If not in:	3 1	□M2F 92	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D		ny, Year)	1900	
3617 Luma	r Driv				Washin			Prin	ce George
Maryland	10b. COUNTY	ce George			shingto	n			10d. INSIDE CITY LIMITS? LY YES 2 NO
100. STREET AND NUMBER 3617 I	umar I	Orive,		10	20744				of what country?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2000 Specific	an, Puerto Rica		0.0	RACE — American Indian, Black, White, etc. Specify: Black
	EDENT'S EDUCAT highest grade con- 12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo	ON st of working	16b. KJI	ND OF BUSI	NESS/INDUST	
17. FATHER'S NAME (First, M)		Yrs	(Ret) S	chool	Teache				School Sys
William		DeBerry			Aman	_		wmeme) Kissa	ok .
194. INFORMANT'S NAME (7)	/pe/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number,	City or Town,	State, Zip Cod	* #20744
Mr Willia		Tracy					_		on , Md
20a, METHOD OF DISPOSITI 1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗌 Remova	of from State 20b.	PLACE AND DATE OF BETTY, CREMENTORY OF BIT AND DATE OF BETTY OF BIT AND DATE OF BETTY OF BIT AND DATE OF BIT AND DATE OF BETTY OF BIT AND DATE	F DISPOSITION (No er place) Memor	med ial Cei	m 4/5	ROC!	kvill	or Town, State
21, SIGNATURE OF FUNERAL	Λ	A		Snow	den Fu	neral	Home	e P.A	. 20850 ckville, Md
IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentisity list conditi if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	ions, diete	DUE TO (OR AS A	CONSEQUENCE OF)	:	iovasci Lighta	ular I	Dise	ase	Intervat Between Onset and Death
PART II. Other significa	nt conditions	contributing to death be	ut not resulting in	the underlyin	g cause given in		a. WAS AN A PERFORM	ED?	, 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?				26. PI	ACE OF DEATH (C/	heck only one)			
1 VES 2 NO		OSPITAL:		OTHER: 4 (1) Nursing Hom	e 5 🗆 Residence	8 Other (S)	pecify)		
	Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT HRK?	28d. DEŞCRI	BE HOW IN.	JURY OCCURE	D
3 Suicide 8	investigation Could not be datermined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str				ON (Street an own, State)	d Number or R	ural Route Number,
		N: To the best of my knowl				time, data and	d place, and	due to the car	SNED (Month, Day, Year)
31. DATE FILED (Month, Day	PICS	STATE CALLED OF DE	41 57	og Pa	7 mm	U.	de	8/1	M20748
APR 05	93	Julia Davidson	~ Andell	(/			, 0		

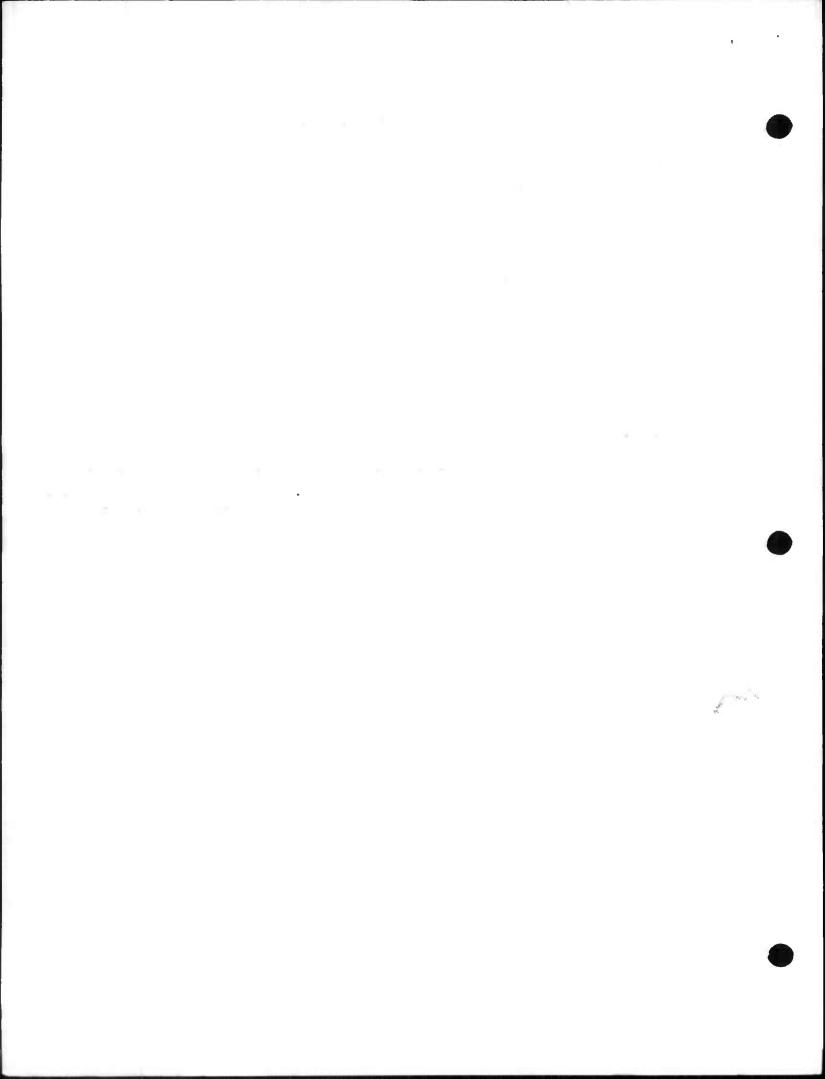
4			nsit permit. Pages 1,	
	BALTIMORE MARY AND 21215-0020	hours after death. Page 6 may be ment by the hospital or attending physician	ed in by the funeral director, page 5 should be detached for use as the burial-troor removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may remore by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN REG. NO	_	11528			
	MARGARET	UMBARGE	Cassandr. K	a Umba	rger	2. DATE OF DEATH A	14/93 93	10 = 1 H			
	4. SOCIAL SECURITY NUMBER 2/2-40-69/6 9a. FACILITY NAME (If not institution, give str	1 M 2 F	ryrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF SHRTH (Month, Day, Year) July 30	1903 Ma				
TOR	FALLSTON RESIDENCE OF DECEDENT	GENERAL	Host.	F	ALLSTO			RFOKA			
DIRECTOR	10e. STATE 10b. COUNTY Maryland Harfor	d County		y, TOWN OR LOCA Bel Air	TION			10d, INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 100 - D Seevue C			10	21014		10g. CITIZEN O	F WHAT COUNTRY?			
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No 14, R. B	ACE — American Indian, lack, White, etc. pecify;			
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us	USUAL OCCUPATE work done during me retired.)	DN st of working		SINESS/INDUSTR	Y			
COMPL	17. FATHER'S NAME (First, Middle, Last)	2	House	VIIO	14 MATUED'S NA	H OM 6 ME (First, Middle, Maiden	maker				
BE	William Hays 190. INFORMANT'S NAME (Type/Print)Dau	Cronin ghter838_208	7 19b. MAILING	ADDRESS (Street	Lorin			Smith			
2	Mrs. Emily U. And					el Air, Ma					
	20e. METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	PLACE AND DATE	of disposition (N ther place) em et erv	April 7	0ATE 20c. LG	Air. M	r Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	ensetoseph W.	Foster	22. NAME A	ND ADDRESS OF FA	padway & Waryland 21	Funera	Home			
	23. PART I. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one cause on ea	sch line.	not enter the mo	de of dying, suci	h ss cardisc or resp		Approximate Interval Between Onset and Death			
CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CAUCHO PM MONORY AUCH - DUE TO (OR AS A CONSEQUENCE OF): CAUCHO PM MONORY AUCH - DUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 THO 1 YES 2 THO										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (Ch	eck only one)					
PHYSICIAN:	1 YES 2 TOO 27. MANNER OF DEATH	1 Inpatient 2 P FR/Output	atlent 3 DOA 28b. TIM	4 - Nursing Hon	URY AT	6 Other (Specify) 28d. DESCRIBE HOW	N.IIIRY OCCUPE				
	1 Netural 5 Pending	(Month, Day, Year)		URY WO	PRK?	zou. DESCRIBE NOW	NJONY OCCONEC				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, :	street, factory, offic		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		IAN: To the best of my knowl						ee(e) and manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	>			DIP42	usen U	29d. DATE SIGN	RED (Month, Day, Walr)			
F	B.D. PAREK				RD FALL	stow M	7 2100	5-93			
	31. DATE FILED (Morith, Day, Year) APR 05°93	32. REGISTRAR'S SIGNA									

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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP/ CERTI	RTMENT FICATE	OF HE	ALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN CHRIS	TIAN VAN			SR.	2. DATE OF DEATH		3. TIME OF DEATH			
	JOHN	G.	VAN	IKLER	•		4 4	199	10:34A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthda			IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
	217-80-9852	1 X M 2 □ F	36 YRS	MONTHS	DAYS H	IOURS MIN.	May 5,19		Country) Maryland			
_	9a. FACILITY NAME (If not institution, give st			9b. CITY, 1	TOWN OR	LOCATION OF D			OF DEATH			
DIRECTOR	FALLSTON GE	NERAL HOSE	PITAL	F'A	ALLS	ON CI	^{FY} Fallston	HA	RFORD			
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100.0	ITY, TOWN OR					10d, INSIDE CITY			
E I	Maryland Ha	rford		Edgew					LIMITS?			
	10e. STREET AND NUMBER	riora		Lagen		IP CODE		10a, CITIZEN	1 ☐ YES 2 ☑ NO			
FUNERAL	1412 Harford Squa	re Drive				21040			JSA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13. W	AS DECEN	DENT OF HISPAI	NIC ORIGIN? (Specify Ye					
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		lf y	yes, specif	ly Cuban, Mexica ZXNO Specif	in, Puerto Rican, etc.)		Concilius.			
									White			
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	18a. DECEDENT	of work done du		of working	16b. KIND OF BU	SINESS/INDUS	TRY			
ا ڐ	Elementary/Secondary (0-12)	College (1-4 or 5+)	1,550 1111	use retired.)					,			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		DIS	hwashe				tauran				
_	John Kenneth Cal	ton VanVloi			- 1		ME (First, Middle, Maiden	,				
BE	19a. INFORMANT'S NAME (Type/Print)	COIT VAILATET	19b. MAIL II	G ADDRESS /			Vivian B	_	del			
일	Paula C. VanKlei						cive, Edge					
	20g METHOD OF DISPOSITION 1 Seurial 2 Cremation 3 Remo	201	PLACE AND DAT	E OF DISPOSIT			DATE 20c. LO					
	4 Donation 5 Other (Specify)		hetery, crematory of	other place)	thod	lief Cor	n.4-8-93					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA	AME AND	ADDRESS OF FA	CILITY					
	Howard KM	& Comer.	177	HO 13	ward	l K. Mc(Comas III	Funera.	l Home, P.A. , Md. 21009			
	23. PART I. Enter the diseases, or c	omplications that ceuse	the death. Do	not enter th	ne mode	of dving, suc	h as cerdlec or resp	Iratory arrest	Approximate			
	shock, or heart fellure. I	list Dnly Dne ceuse on e	ech ilne.						Interval Between			
	disease or condition resulting in death)	Hyperter	isive A	Horas	clev	fic (Cardiover	cular	Louis			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hypertensive Atherosolevetic Cardiovescular Disease [bue to (or as a consequence of):											
NO NO	Sequentially list conditions,	DUE TO 100 10										
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):								
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):								
E	resulting in death) LAST	·		,					İ			
1 11												
¥	PART II. Other algorificant conditions	contributing to deeth b	ut not resulting	in the unde	erlying co	euse given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
MEDIC	Obesity						1 X YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
									1 XYES 2 NO			
A N	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:		E OF DEATH (Ch						
¥	27. MANNER OF DEATH	28e. DATE OF INJURY			g Homa ! 8c. INJURY		6 Other (Specify)					
	1 Natural 5 Pending	(Month, Day, Year)	1	NJURY M	WORK	?	28d. DEŞCRIBE HOW	NJURY OCCUR	ED			
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJURY	— At home, term	, atreet, factor			261, LOCATION (Street	and Number or F	Sural Boute Number			
Ė	4 Homicide datarmined	building, etc. (Spec	cify)				City or Town, State		The state of the s			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death one	read at the time	e dete er	d place and d	to the grounds and					
M	(Check only one) 2 MEDICAL EXAMINER	l: On the basis of examination	n and/or investiga	tion, in my opis	nion, death	n piace, and dua h occured at the	time, data and place, ar	nner as stated, id due to the ca	use(s) and manner as stated.			
	296. SIGNATURE AND TITUE OF CERTIFIER					c. LICENSE NUN						
BE	1	100 1	2		1"	OCM		29d. DATE SI	GNED (Month, Day, Year) 5 1993			
임	30. NAME AND ADDRESS OF PERSON WHO		ATH (ITEM 27) (Ty)	oe, Print)		OCM		7 7	5 1773			
		0			reet	. Bal	timore, 1	Marvla	and 21201			
	31. DATE FILED (Month, Day, Year) 93		ATURE HOSON Pon			,						
- 23	WK U/ 30	70,000	CAMPAL A C.									



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pron the propriety of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

93 11530 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HI	EALTH AND DEATH	MENTAL HYGIEN		11530				
	1. DECEDENT'S NAME (First, Middle, Last) SOLOMO	N STARTT	WALBERT			2. DATE OF DEATH DO 03 1	AEY	3. TIME OF DEATH 6:15Pm				
	4. SOCIAL SECURITY NUMBER 217-36-0686	1X M 2 □ F 92	YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb 5, 189	8. B	RTHPLACE (State or Foreign punity)				
TOR	99. FACILITY NAME (If not institution, give to KENT & QUEEN RESIDENCE OF DECEMENT	ANNES HOSPITA	AL °	CHEST	ERTOWN	EATH	9c. COUNTY C	ENT				
DIRECTOR	10a. STATE 10b. COUNT MD Kei			TOWN OR LOCATION				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		Ones		ZIP CODE		77.	1 🕅 YES 2 🗌 NO				
FUNERAL	Richard Drive, B	YIOTO HETS 12. WAS DECEDENT EVER IN U FORCES? 1 □ YES	J.S. ARMEO			NIC ORIGIN? (Specify Yes	or No.— 14. F	SA ACE — American Indian,				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES TI	1 🗆 YES 2	NO Specif	an, Puarto Rican, etc.) ly:		pecity: White				
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use n	k done during most	of working	16b. KIND OF BUS		Y				
OMF	17. FATHER'S NAME (First, Middle, Last)		Farmer		18. MOTHER'S NA	Farm:						
BE (James Walbert					Elizabeth 1						
2	190. INFORMANT'S NAME (Type/Print) Elsie Townsend I		same	as abov	e	Route Number, City or Town	n, State, Zip Code)				
i6 i)	20s. METHDO OF DISPOSITION 1 N Burisi 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	camet	LACE AND DATE OF DEPTY, cremetory or other Chester C	emetery	3/20	/93 Ch	esterto					
	21. SIGNATURE OF PUNERAL SERVICE LI	Fellow	2	Fellow	oh St.	Funeral He	n. MD 2	1620				
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Dasth											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
ERTIF	that initiated events resulting in death) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition		not resulting in t	he underlying	cause given in	Part i. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN:	25. WAS CASE REFERRED 36 MEDICAL											
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:		1 (Check only one) ncs 8 □ Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK		28d. OESCRIBE HOW IN	JURY OCCURED					
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
COMPLETED		CIAN: To the best of my knowled R: On the besis of examination s						e(s) end manner ee stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Brenent	old	2	19c. LICENSE NUI	5 /Y	29d. DATE SIGN	IEO (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO						620	. , , , ,				
4	Michael Bienenf 31. DATE FILED (Month, Dey, Year)	32. REGISTRAR SIGNAT			esterto	wn, MD ZI	.620					
	MAR 18'9	3 guhar	audson-Nan	lance.								

REG. NO.

ending physician.	as the burial-transit permit. Pages 1, 2, 3 should	
after death. Page 6 may be retained by the hospital or at	by the its eral director, page 5 should be detached for use emoval.	lical examiner must be notified at once.
rSICIAN: The law requires that the death certificate be executed within 24 hours after that the law requires that the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the its acid direct. page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law re-	THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. or	IPORTANT: If Item 28 is marked, or Item 23 sh

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2 2 3

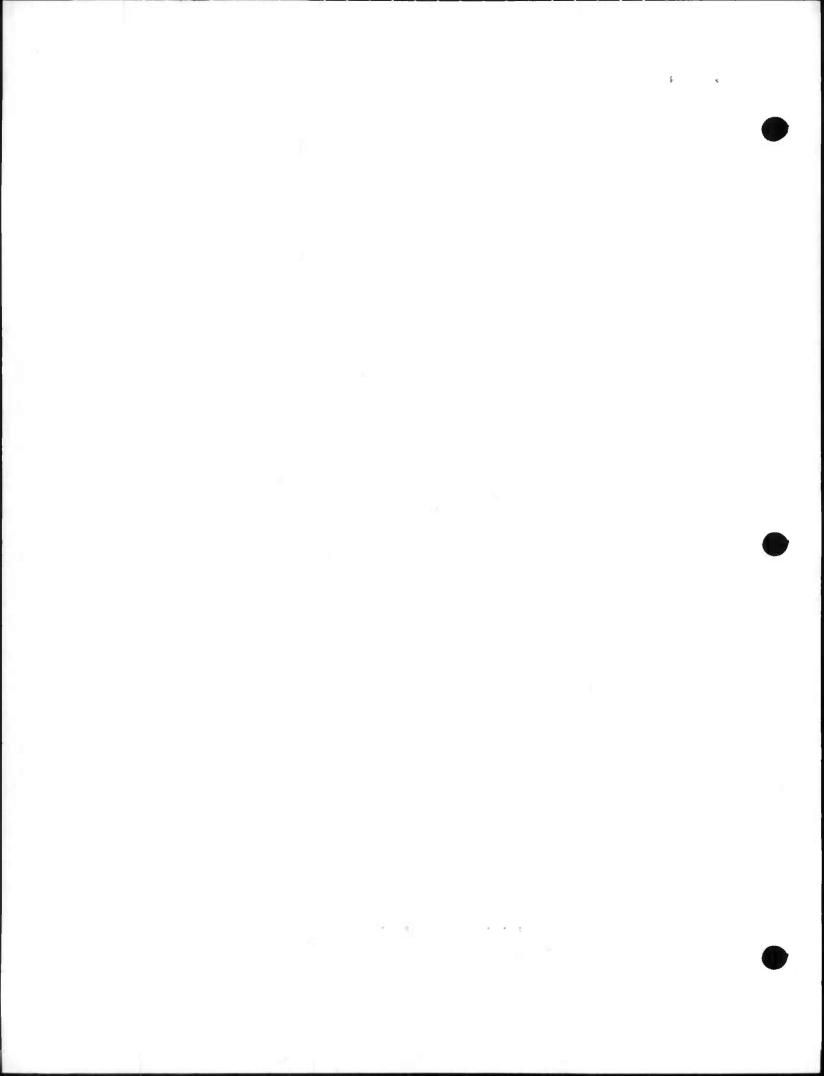
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH VEAD L. Beatrice Wright 1993 March 4:16 19 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Morth, Day, Year) ug. 24,1922 1 - M 2 X F 219-07-7061 YRS. Aug. MD 9s. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH The Kent and Queen Anne's Hospital DIRECTOR Chestertown Kent RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD QueenAnne's Millington 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt 1, Box 115 21651 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) unknown Processer Campbell Soup Co. 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Lewis Mary E. Ferrell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 James E. Wright same as above 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Pleasant Cemetery 3/29/93 Pondtown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home, P.A. tellows Gare 370 W. Cypress St., Millington, MD 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Corebrova scular accident resulting in death) 4days CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 - NO Inpetient 2 - ER/Outpetient 3 - DOA 4 🗌 Nu g Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCUREO 1 Natural м 1 YES 2 ND BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Co D00354 mer 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BAUMANN -. 00. GT COLTO WW 31. DATE FILED (Mogth, Day, Year) MAR 3 1 32. REGISTOAR'S SIGNATURE Julia Davidson-Randere 103

35.00 Mark the first transfer of the

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

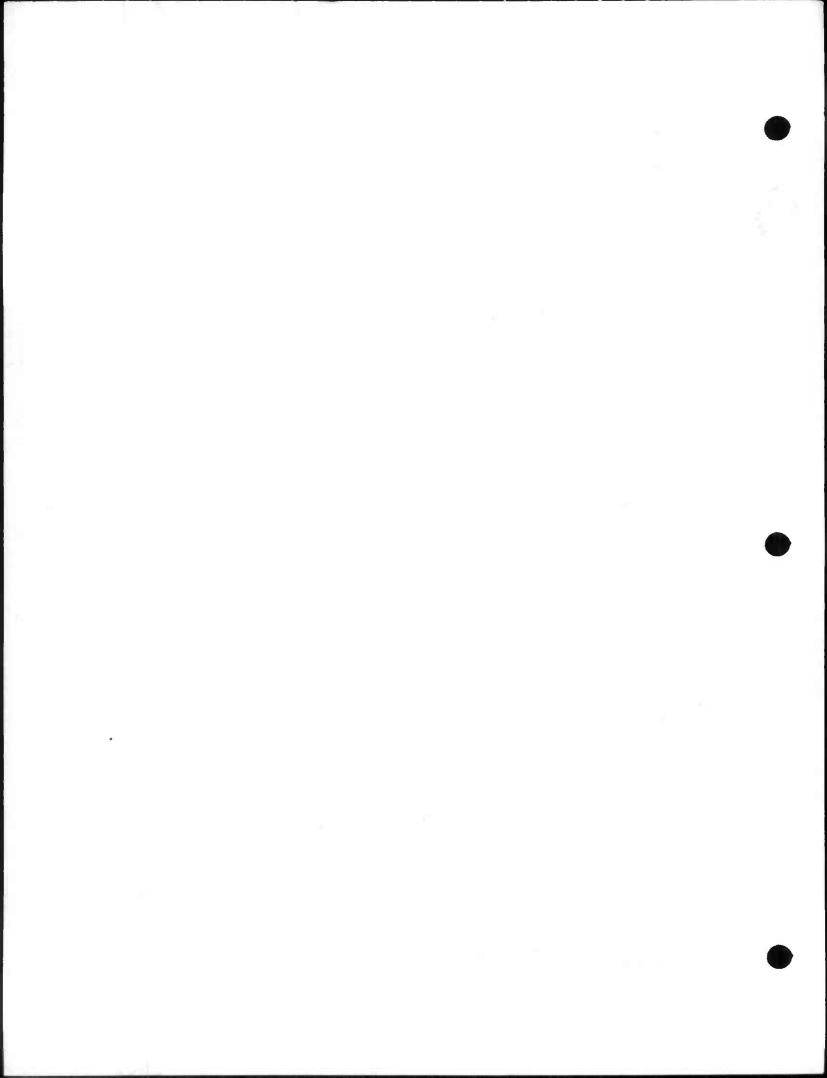
		1. DECEDENT'S NAME (First	Middle, Lest)			<u> </u>	10711				a pare or prayu	iO.		3. TIME OF DEATH
	1	Honriotte MMI Lii I gon												
	1	4. SOCIAL SECURITY NUMBER	s. last birthday)								4:45 A M			
				5. SEX		,,	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
		120-03-3530		-	92	THS.			- 10	2200	Aug 26,	1900	Mar	ryland
1 ~	.]	9a. FACILITY NAME (If not in					100		OR LOCATI	ION OF DE	ATH	100	JNTY OF DE	
Ö		AT HOME 152		lass Lane	2		Ce	cilt	on				Cecil	
DIRECTOR		RESIDENCE OF DEC	10b. COUNT	v		40a CII	Y, TOWN	001004	TION				1	
<u> </u>		15-20-00							HOW				- 1	10d. INSIDE CITY LIMITS?
		Maryland	Ce	<u>cil</u>		C	<u>ecil</u>							1 YES 2 □ NO
N W		104. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT C												HAT COUNTRY?
FUNERAL		152 Doug1a	ass La	ne				_	2131				U.S.	
1 2		11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DEC	CENDENT (OF HISPAN	NC ORIGIN? (Specify	Yes or No-	14. RACE Black.	- American Indian, White, atc.
₽	: 1	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES	3		1 TYES	2 100	Specify	n, Puerto Rican, etc.)		Specifi	y:
			EDENT'S EDU	OATION .	1									ack
COMPLETED		(Specify only	y highest grade	completed)		(Give kind of Iffe. Do NOT u	work done	during mo	ON ost of worldi	ng	16b. KIND OF	BUSINESS/IN	DUSTRY	
٦	1	Elementary/Secondary (0	1-12)	College (1-4 or 5		Domest					Maid	Corri	00	
		Unknown 17. FATHER'S NAME (FIRST, M	*			Domest	IC W	orke				_	ce	
		The second secon	iddle, Last)								ME (First, Middle, Maid	en Sumeme)		
BE		Unknown								know				
ဥ		19s. INFORMANT'S NAME (7									Route Number, City or			
		Wayman Bido				122	Chur	ch S	t. P	0 Bo:	x 562, Ce	cilto	n, Mo	21313
		20g, METHOD OF DISPOSITI	ION In 3 🗆 Rem	oval from State	20b. PL	ACE AND DATE	OF DISPOS	SITION (NE			DATE 20c.			
Ē		4 Donation 5 Other			Un	ion Be					-93 Cec	ilton	, Mar	ryland
	-1	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEL	.0	11			ND ADDRE			D 4		
	1	William	L. Ki	no oll	14.4	/_					ral Homes			010
	7	23. PART i, Enter the di	seases, or o	omolications the	t coused the	e death. Do	not anter	tha mo	de of dy	ing such	St. Cecil	COII,	MG ZI	.313 Approximate
		snock, or hi	aart failure.	List only one ceu	se on vank	line.				mig, sout	1 45 04 04 0	photory a	root,	interval Between
	1	IMMEDIATE CAUSE (Fir disease or condition												Onset and Death
	ł	resulting in death)	-	a. Arter	ioscle	rotie	hear	t di	seas	e Wi	th Sever	CHF		one year
		DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION		Sequentially list conditi	ons,	b. DUF TO	(OR AS A CO	NSEQUENCE O	E)·	_						_
¥		if any, leading to immed cause. Enter UNDERLY!			(01.70.7.00.		. ,.							i
		CAUSE (Disease or inju	ry	c. DUE TO	(OR AS A CO	NSEQUENCE O	n:							
		resulting in death) LAS	Т											j
				d										
		PART il. Other significa	nt condition	a contributing to	death but r	not resulting	in tha u	nderlying	g ceuse g	given in		AN AUTOPSY		WERE AUTOPSY FINDINGS
DICAL		_ Chronie	cenal	failure							1 _ YES	ORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1											2 jij NO	- 1	OF DEATH?
2							-				-			1 TES 2 NO
[] ₹		25. WAS CASE REFERRED TO	MEDICAL					26 PI	ACE OF D	FATH /Che	ck only one)	_		
PHYSICIAN:	1	EXAMINER? 1 YES 2 IN NO		HOSPITAL:	EB/Outpeties	et 3 🗆 DOA	OTHE	R:		1				
Ì	1	27, MANNER OF DEATH		28e. DATE OF		28b. TIN		28c. INJ		eldence	8 Other (Specify) 28d, DESCRIBE HO	V IN ILIEN OF	CHBED	
			Pending	(Month, D	lay, Year)	IN.	JURY	WO	PRK?	NO.	ZOG. DEGOTIBE NO.	r indon'i oc	CORED	
B		2 Dest-14	Investigation	28e. PLACE O	F INJURY — A	Al home, farm,	street fac				28f. LOCATION (Stre	of and Mumbe	or Grand Gr	
		-	Could not be determined	building,	etc. (Specify)			,	•	l	City or Town, Sta	te)	or nural no	oute reuniber,
<u> </u>		29a, CERTIFIER												
Ē	1	(Check only									to the cause(e) and r			
COMPLET		2 MEDI	CAL EXAMINE	H: On the basis of a	xamination and	d/or investigation	on, in my	opinion, d	leath occur	red at the	lime, date and place,	and due to t	the cause(s)	and manner as stated.
BE		29b. SIGNATURE AND TITLE	OF CERTIFIE	A					29c. LICI	ENSE NUM	BER	29d. DA	TE SIGNED	(Month, Day, Year)
		Wollace	06	enskau	O W	1)			D	07	129	1 3	-22	-93
일	- 100	30. NAME AND ADDRESS OF	DEGCON WH	0.00000 5750 044	05 05 05 4711	(ITEM 27) (Type	. Print)							
			r choon wh	O COMPLETED CAU	SE OF DEATH	(iii wiii ki) (i)po								
_		Wallace (Obensh	ain, M.D.	Cecil R'S SIGNATUI	ton, Mo				·		-		
3		Wallace	Obensh	ain,M.D.	Cecil R'S SIGNATUI	ton, Mo				<u>. </u>				



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BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, ral.	i examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Put filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BUYCLOIAN. MCDIOAL OFFICIATION

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND / DEPART	MENT OF I		MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	Glenn IN	VATT			2. DATE OF DEATH	DAY	YEAR 11:45 A M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1.0	BIRTHPLACE (State or Foreign
	219-42-1540 9e. FACILITY NAME (If not institution, give	1 M 2 F	4 / YRS.	AONTHS DAYS	HOURS MIN.	APRIL	5. 1949N	lorth Carolina
TOR		LOUNTY H	OSPITAL		ERSTOU			Y OF DEATH ASHINGTON
DIRECTOR	10a. STATE 10b. COUNT	derick		TOWN OR LOCAL				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	1 YES 2 NO
FUNERAL	13825 WOLF				2178			USA
3 Wildowed 4 Divorced 1963-1966 1 YES 2 X NO Specify:						4. RACE — American Indian, Black, White, atc. Specify: White		
	15. OECEDENT'S EDU (Specify only highest grade	JCATION le completed)	16a. OECEDENT'S U	rk done during mo	ON st of working	16b, KIND OF	BUSINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Equipment	retired.)		Power	Compani	y
ŏ Ö	17. FATHER'S NAME (First, Middle, Last)			·		ME (First, Middle, Mei	den Surneme)	
BE	Edward Franklin W	Vyatt				Roten		
2	190. INFORMANT'S NAME (Type/Print) Patricia Wyatt					Route Number, City or Smiths b		ryland 21783
	20g. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF COMMENT OF ORTHOR NEW BURGE			DATE 20c	LOCATION - CH	
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	New brage		D ADDRESS OF FA			un, Maryland
-01 01	Latter of Shell	A CELLA		Ricket	ts Funer	al Home		in Street ille, Maryland
	23. PART I. Enter the diseases, Dr shock, Dr heart fellure.	complications that ca	used the deeth. Do no	t enter the mo	de of dying, suc	h aa cerdlac or re	apiratory arrea	t, Approximata
	IMMEDIATE CAUSE (Final			TRACR	ANIAL	PRES:	SURE	Onset and Death
a. INCREASED INTRACRANIAL PRESSURE DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b. SUBARACHNOID HEMORRHAGE								
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF):				4.	
	CAUSE (Disease or Injury		LE RUPT AS A CONSEQUENCE OFI	URED	INTR	ACRANIA	HY ANI	EURYSHI
CERTIFICATION	that initiated events resulting in death) LAST	d	AS A SUNGEOUSINGE OF).					
AL C	PART II. Other algorificant condition	na contributing to dea	th but not resulting in	the underlying	cause given in	Part I. 24a, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
						PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								OF DEATH? 1 YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
Ä	27. MANNER OF DEATH	26a. DATE OF INJU	JRY 26b. TIME	OF 28c. INJ	URY AT	8 ☐ Other (Specify) 28d. DESCRIBE HO	W INJURY OCCUI	RED
BY	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear) INJUI		RK? (ES 2 NO			
3 Suicide 5 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural City or Town, Stete)						Rural Route Number,		
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the beat of my !	knowledge, death occurred	at the time, date	end place, end due	to the cause(s) end	menner as atated.	
3			nation end/or investigation,	In my opinion, d	eath occured at the	lime, date and place	end due to the o	ceuse(e) end menner ee stated.
BE I	296. SIGNATURE AND TITLE OF CERTIFIE	2 0 11 0			29c. LICENSE NUI	MBER O/T	29d. DATE S	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	10/COMPLETED CAUSE O	F DEATH (ITEM 27) (Time P	rint)	014	168	A	vril 3, 1993
	and a contract of		98 KENI		E. HAG	ERSTO	WN. A	1D, 21740
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	/	1.77		,,,,	- 27771
	APR 0.5 1993	Jani Danie	mirportall					



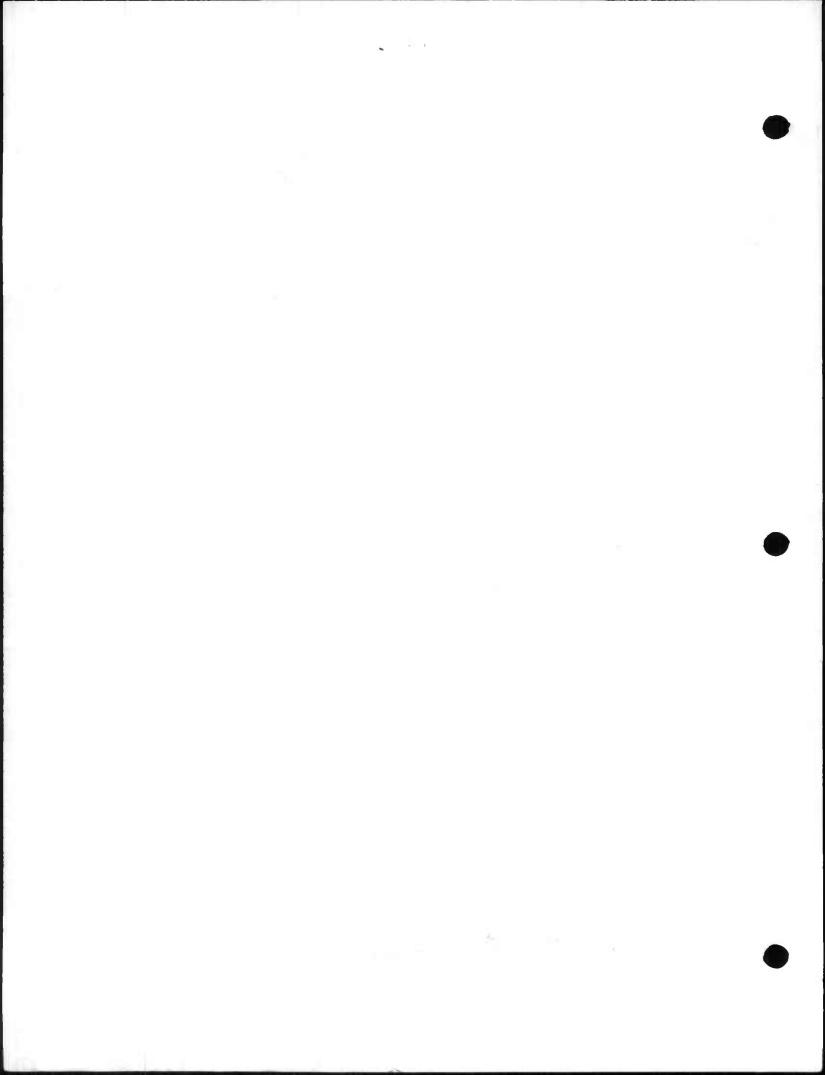
BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	4	18-THE FLAEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i Se flee within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Mingles LASA					2. DATE OF DEATH		3. TIME OF DEATH
	Emily C.	Woodward				April 8, 1	993	7:55 A M
	4. SOCIAL SECURITY NUMBER.		(In ypylest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)
	214-38-1409	1 - MXXXXX 8	§ YRS.	MONTHS DAYS	HOURS MIN.	June 19 1	904	Maryland
_	9a. FACILITY NAME (If not institution, give st	. ,		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNT	Y OF GEATH
힏	Anne Arundel Medi	ical Center		Anna	polis	,	Anne	e Arundel
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY
뚬	MD Anne A	Vrundel		Annapo	lis			LIMITS?
A P	10a. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	105 Americana Drive	2 # 21			21403		Ur	rited States
2	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No — 14	I. RACE — American Indian,
IF YES, GIVE WAR OR DATES 1 ☐ YES 2 X 1 NO Specify: Specify:						Specify		
	White							
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of v	vork done during mo e retired.)	est of working	16b. KIND OF BUS	SINESS/INDUS	TRY
1	Eletinerically/Secondary (0-12)	College (1-4 or 5+)	School	Teacher		Public	Schoo	18
8	17. FATHER'S NAME (First, Middle, Last)	4	OCHOO!	reacher		ME (First, Middle, Maiden		
l w l	William N. Woodwa	vrd			Jenn	y G. Ashwe	ll	
1 P	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I	Route Number, City or Town	n, State, Zip Co	
٦	Edward Wicker		144 (Gloucest	er St.	Annapolis,	Maryl	Land 21401
	20a. METHOD OF DISPOSITION V(V Burlel 2 □ Cremation 3 □ Remo	oval from State	. PLACE AND DATE O	ther place!		OATE 20c. LO	CATION - City	y or Town, State
	4 Donation 5 Other (Specify)	1 / S	netery, crematory or of t. Annes	Cemeter	y 4-10-	93 An	napoli	is, Maryland
	T. STONATURE OF FUNERAL SERVICE LICE	Delice /		22. NAME AI	ND ADORESS OF FA	John M.	Taylo	or Funeral Home
	Torrela A	Juster/		147 Du	ke of Gl	oucester S	t. Anv	rapolis, MD
	23. PART I. Enter the diseases, or shock, or heart failure.	interpretations that cause	the death. Do n	of enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest	
	IMMEDIATE CAUSE (Final	Cause on e	ach line.	10		1 1	0	Onset and Death
	disease or condition resulting in death)	Local	ILL Y	ie me	ne ,	moo	ter	
DINE TO LOW AS & CONSEQUENCE OF A								
S	Sequentially list conditions,	More	cers	eller				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	2 /2 0/	CONSEQUENCE	Vica-				
윤	CAUSE (Disease or Injury that Initiated events	DUE TO (OH AS A	CONSEQUENCE OF	non	u			
E	resulting in death) LAST							
8	DATE II Only a locality of the Male							
¥.	PART il. Other significant conditions	contributing to death b	ut not reaulting i	n the underlying	g cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIG						1 YES 2	NO	OF DEATH?
Σ								1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL							
[일	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Che			
¥	27. MANNER OF-DEATH	1 Minpetient 2 ☐ ER/Outp	28b. TIM		e 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW IF	HIRV COOLIN	250
	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK?	200. DESCRIBE HOW IF	430HY OCCUR	EU
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, farm, s			28f. LOCATION (Street a	nd Number or	Rural Route Number
E	4 Homicide determined	building, atc. (Spec	cify)			City or Town, State)		The state of the s
COMPLET	29a, CERTIFIER (Check ant) 1 CERTIFYING PHYSIC	IAN: To the best of my know	ledge, douth occurre	d at the time deta	and place and dire	to the covered and a	nne n1	
N N	(Check only one) 2 MEDICAL EXAMINER	: On the basis of examination	n end/or investigation	n, in my opinion, d	eath occured at the	lime, date end place. oru	mer as atsted. d due to the c	ause(a) and menner as stated.
Š.	296. SIGNATURE AND TITLE OF CENTIESER	1			29c. LICENSE NUM		29d. DATE SI	1
BE	[[w////	buene	17		12144	5 501	Þ 4	16/12
2	30, HAME AND ADDRESS OF PERSON WIND	COMPLETED CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	NIN		7	10/4/
A .	Jou 12 6	we or	D. A	um	mayo	1 . 27	10	EV 07. 11
5	APR 0.9 1993	12. HEGISTHAR'S SIGN	ATURE ADMINISTRA		1) 1		
	APR 0 9 1993	guna Danason-	Juston					

Bloom and the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transin
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	removal.

	#1 17 pag B C 2/2/6/ h-				1.	93	3 11535
	#1,17, per B.C. 3/3/94 kan 1 - FOR STATE OF MARYLAND / CE	DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEI	IE .	11000
	1. DECEDENT'S NAME (First, Middle, Last)	Paige			2. DATE OF DEATH MONTH	DAY	YEAR 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR MONTHS DAYS	INT INDER 24 HRS.	03 17 7. DATE OF BIRTH (0311), 1077 1001	1 993	10:15 A M B. BIRTHPLACE (State or Foreign Country) MD
"	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNT	TY OF DEATH
CTO	SACRED HEART HOSPITAL		CUMBERI	AND, MA	RYLAND	ALLE	GANY
. DIRECTOR	MD 105. COUNTY Allegany	, a , a	llerslie				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	104. STREET AND NUMBER BOX 56		101.	21529		10g. CITIZ	EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Nover Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 24 N IF YES, GIVE WAR OR DATES	MED O	If yes, spe	NDENT OF HISPAN city Cubert, Mexica 2 PNO Specify	IIC ORIGIN? (Specify V n, Puerto Rican, etc.)	s or No—	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed) (Gh Elementarule annulary (0-12) College (1-4 or 5+)		JSUAL OCCUPATIO ork done during most retired.)		18b. KINO OF BI	ISINESS/INOU	STRY
	17. FATHER'S NAME (First, Middle, Last) William Douglas Hunt			18. MOTHER'S NA. Jenr	ME (First, Middle, Meide nifer Wine	Sumeme)	er
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b	MAILING A	ADDRESS (Street ar 6 Ellers	od Number or Rural P	Route Number, City or To	vn, Stiite, Zip ((2ode)
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LC						ity or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home						
	23. PART I. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.						
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1						
	27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF Pending 28c. INJURY AT WORK? WORK? M 1 VES 2 NO					RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, des						
BE	29b. SIGNATURE AND TITLE OF SPETFIER	4.0		29c. LICENSE NUN		29d. DATE	SIGNED (Month, Day, Year) 3 · 17 · 43
10	DR. BOYD GABA, M.D., 921 SETON DI			AND. MD	21502		
	31. DATE FILED (MONTH POR 1991) 32. REGIST AR'S SIGNATURE		AA.				4,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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e ret	5	00
lay b	pag	5
6	ctor,	TUS
Page	dire	10
4	nera	Ē
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afte	by th	Ical
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CIA	the	ŏ
HYS	his c	ked,
VG P	ter th	mari
NDI	R: Af	9
ATTE	CTO s	28
OR	DIRE	Item
TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	=
dSO	UNE	ANT
분	HE P	ORT
101	P 2	MP
	-	-

							C	3 11536	
	FOR 1 • STATE REGISTRAR	STATE OF	MARYLAND / DEPAI	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	IE	00 11000	
	1. DECEDENT'S NAME (First, Middle, Last)	0		TOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH	
	Muriel	Constant	via Wi	indsor		March 28		3 2315	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	10	L BIRTHPLACE (State or Foreign	
1	577 54 4731	1 □ M 2 😡 F	53 YRS.	11:00		10/9/39	W	ashington DC	
-	9e. FACILITY NAME (If not institution, give				OR LOCATION OF		9c. COUNT	Y OF DEATH	
ě	Calvert Memoria	l Hospita	1	Princ	ce Frede	rick	C	alvert	
DIRECTOR	10a. STATE 10b. COUNT		10c. Cl	TY, TOWN OR LOCA				10d, INSIDE CITY	
1 10	Maryland Calv	ert		North B	each			LIMITS?	
FUNERAL	100. STREET AND NUMBER 4032 9th St.			10	7. ZIP COOE 20714		10g. CITIZE	EN OF WHAT COUNTRY?	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, sp		ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	n or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White	
8	15. DECEDENT'S EDU (Specify only highest grad	CATION	16a, DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) COOK	work done during management of the contract of	ost of worlding	nursin	g home		
	17. FATHER'S NAME (First, Middle, Last) Vernon Redmond 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ella Rickettes								
BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	Everett F. Windsor same as #10								
	20e. METHOD OF DISPOSITION 1 R Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of Cemetery, crematory or other place). Fort Lincoln Cemetery 4/2/93 Brentwood Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home P.A. P.O. Box 45 Owings Maryland 20736								
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO DUE TO C.	OR AS A CONSEQUENCE C	P1:		Chas cordiac or reap		Approximata Interval Between Onset and Death Fun	
BY PHYSICIAN: MEDICAL C	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Chryfill ve Herror To Completion of Cause of Death (Check only one) 246. WERE AUTOPSY PROPRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. DATE OF INJURY 1 Netural 5 Pending Investigation 27. Manner Op-Death 28. Injury AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED INJURY WORK? 1 YES 2 NO								
0	3 Suicide 8 Could not be building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								

42 Prince Frederick, Maryland

20c. LICENSE NUMBER

20678

291

29d, DATE SIGNEO (Month, Day, Year)

3

31. DATE FILED (Month, Day, Year) APR-1 1993

Anwar Munshi,

29b. SIGNATURE AND TITLE OF CERTIFIER

2 MEDICAL EXAMINER: On the

4 Homici

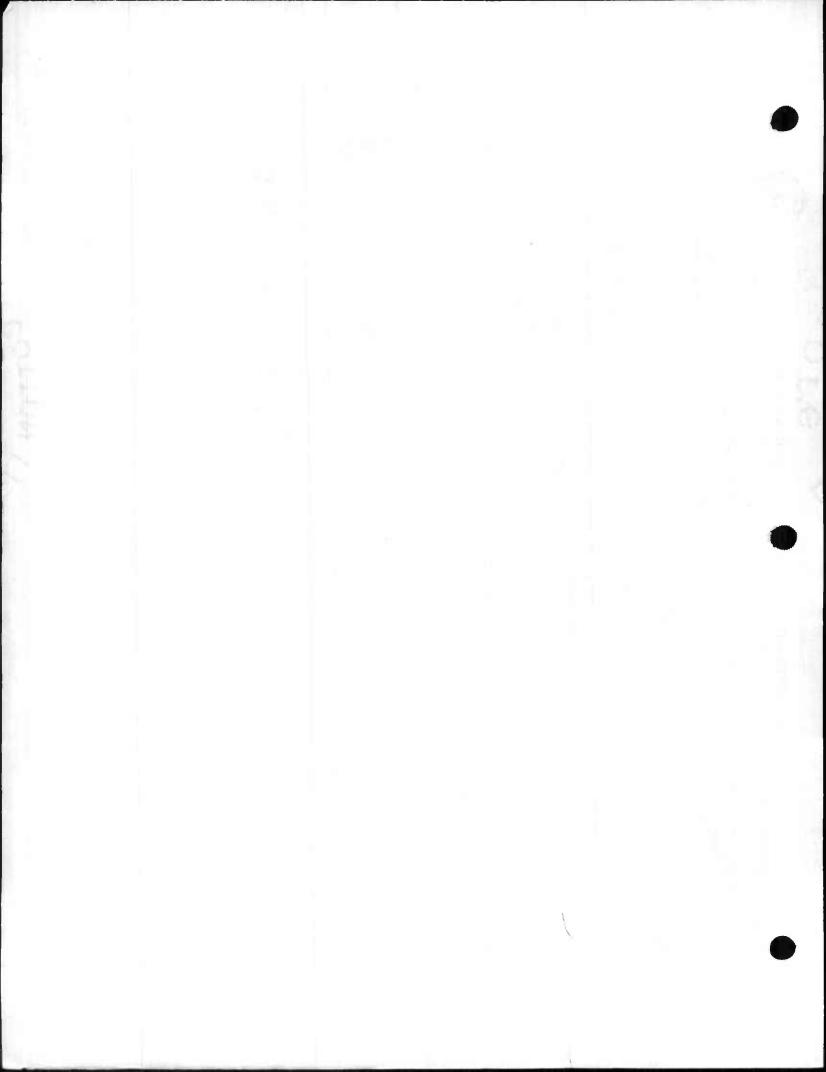
29a, CERTIFIER (Check only one)

BE COMPLETED

2

32. REGISTRAR'S SIGNATURE la Davidson-Randelle

M.D.



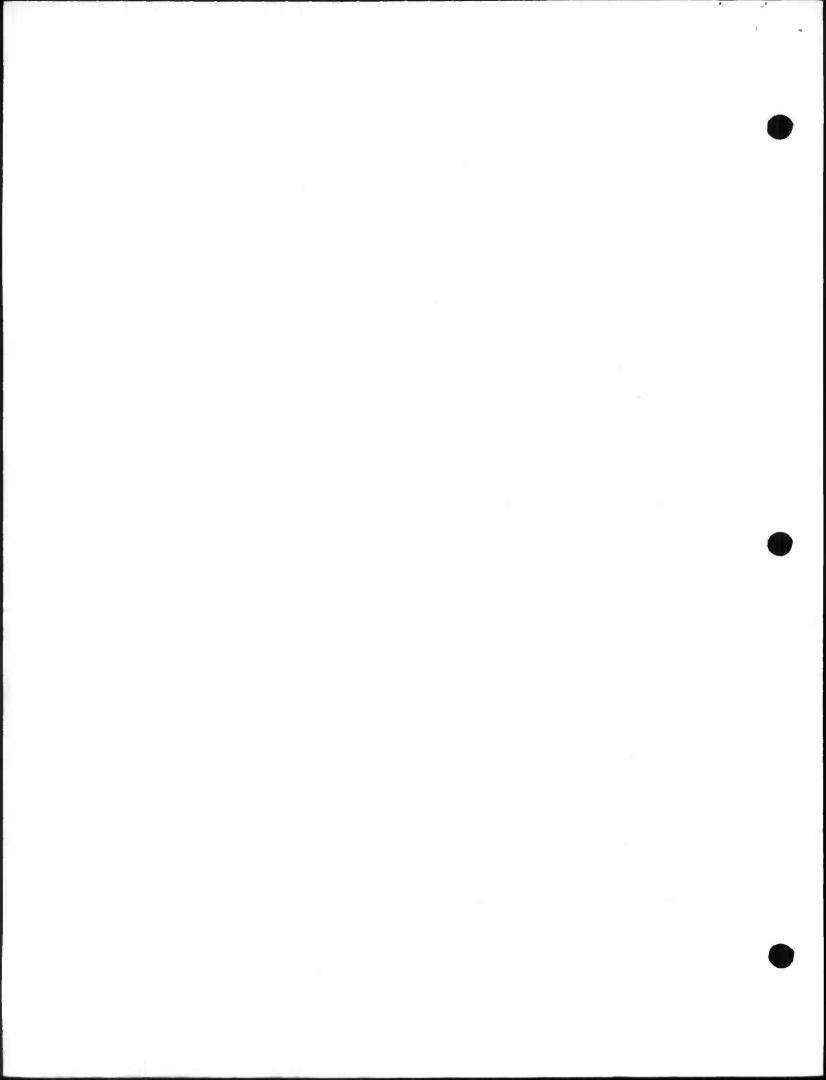
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-tra	Commence of
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APPENDED TO
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	5

BALTIMORE, MARYLAND 21215-0020

3 should

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	MENT OF H	EAUTH AND	MENTAL HYGIEN				
-	1. DECEDENT'S NAME (First, Middle, Last)				J 27 (1111	2. DATE OF OEATN	·	1	3. TIME OF DEAT	TH.
1	John	Walter	Wi1	liams		MONTH 0		YEAR 93	9:56	
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			LACE (State or Fo	ам
	210 20 4217	1¥ M 2 □ F 94		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Ι,	Country)		reign
	218 20 4317 9e. FACILITY NAME (If not institution, give	atmet and number)				6-18-1898			yland	
Œ		US 50	@ Rt.		OR LOCATION OF D	EATN	9c. COUNT	TY OF OEA	ATH	
DIRECTOR	Berlin Nursing H	ome	113	Berli	n Md	•	Wor	cest	er	_
E	10a. STATE 10b. COUNT	Υ	10c, CITY	TOWN OR LOCA	TION				Od. INSIDE CITY	
E	Md. Word	ester		Snow Hi					LIMITS?	
	10e, STREET AND NUMBER	-			. ZIP CODE		Data annu		YES 2	NO
RA	000 5 5 1 1 1						1		AT COUNTRY?	
FUNERAL	220 S. Washingto				21863			U.S.		
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 K NO			NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No— 1	4. RACE - Black,	- American India White, etc.	in,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TE9	1 TYES	2 NO Speci	y :	- 1	Specify:		
	15. DECEOENT'S EDI	ICATION	16a. DECEDENT'S (IOLIAL GOOVERNEY		District Print			White	
	(Specify only highest grad	completed)	(Give kind of we	ork done during me	st of working	16b. KINO OF BU				
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		,					mico Ct	Ly.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Engine			LSoil C		ratic	n	
						AME (First, Middle, Malder	Sumame)			
BE	James Williams 19a. INFORMANT'S NAME (Type/Print)					Powell				
2	Wanda Gordy			ADDRESS (Street a Colgate		Aoute Number, City or Ton Alexandri			307	
			/112	corgate	Drive.					
- 1	20a, METHOD OF DISPOSITION 1 Description 2 Cremation 3 Ren	noval from State 20b.	PLACE AND OATE O	FOISPOSITION (Ne	me of	DATE 20c. LO	CATION - CI	ty or Town	n, State	
	4 Donation 5 Offier (Specify)	7 W	hatcoat				now Hi	.11,	Md.	
	21. SIGNATURE OF UMERAL SERVICE LI	CENSEE	0 -	22. NAME AI	IO ADDRESS OF FA	CILITY				
	xuald C	Boun	1/8	Deni	nis Fune	ral Home,	Snow H	li11,	Md.	
1	23 PART I. Enter the diseasea, or	complications that caused	the daeth. Do no	ot anter the mo	de of dying, aud	h aa cerdiac or reap	Iratory arres	nt.	Approxima	ta
	ahock, or haart feilure. IMMEDIATE CAUSE (Final	List only one cause on as	ich ilna.						Interval Be	etween
l	disease or condition	Congestiv	e Heart	Failure					Onset and	Dawin
l	reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	:			-		-	
-		ASCVD	In the second						į	
ᅙ	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	:					1	
8	cause. Enter UNDERLYING	. Old Age								
Ē	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	:					1	
CERTIFICATION	reaulting in death) LAST	s. Senile De	mentia							
	PART ii. Other algolificent condition	a contribution to death by						_		
¥	TATE II. Other arginitorit condition	ia contributing to death be	it not reauting in	tha undariying	cause given in	Part i. 24a. WAS AN PERFO			YERE AUTOPSY FII WAILABLE PRIOR	
ă						1 [] YES :	NO		OMPLETION OF C F DEATH?	AUSE
M						_		1	YES 2 N	10
PHYSICIAN: MEDIC										
ठे	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL OTHER:	ACE OF DEATH (Ch	eck only one)				
YSI	1 TYES 2 X NO	1 - Inpatient 2 - ER/Outpu			e 5 🗆 Rasidence	6 Other (Specify)				
표	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME		URY AT RK?	28d. DESCRIBE HOW	NJURY OCCU	RED		
B	1 Netural 5 Pending 2 Accident Investigation	47.500			ES 2 NO					
	3 Suicide 8 Could not be	26a. PLACE OF INJURY building, atc. (Speci	— At home, ferm, st	reet, factory, offic	1	281. LOCATION (Street City or Town, State	and Number or	Rural Rou	ite Number,	
COMPLETED	4 Nomicide determined					SAY SA TOWA, STEELS				
2 1	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurred	at the time, data	and place, and due	to the cause(s) and me	nner as stated			
2		R: On the besis of examination							nd menner as at	ated.
	296. SIGNATURE AND TITLE OF CENTIFIE				29c. LICENSE NUI					
ᆱ	Abot	acanan			D2998				onth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	J 4 1	TH (ITEM 27) (Turns	Print)			7	. 4	73	
	Albert Decanay		mmons St		Hill, M	D 21863				
	31. DATE FILED (Month One Vend	REGISTRAR'S SIGNA		- DITOW	11 6 2 2 2 1	21003				
3	APR 05 1993	Julia Danden	Russel							



FOR

	REGISTRAR	C	ERTIF	ICATE O			MILHIAL I	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	_			3. TIME OF DE	ATH
	ELIJAH	L. WILS	SON				March	31	. 1	993	8:30	Р. м
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH				
	220-03-9000 1½ M 2 🗆	F 79	YRS.	MONTHS DAYS	HOURS	MIN.	oct. 2	7 Year) 1	913	Countr	BIRTHPLACE (State or Fore Country) Maryland	
	9s. FACILITY NAME (If not institution, give street and number			9b, CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
<u>۳</u>	McCready Memorial Hospi				isfie						erset	
Ĕ	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC							10d. INSIDE CI	TY
	Maryland Somerset			Marion	Stat	ion					LIMITS?	₫ NO
A	10e. STREET AND NUMBER				Ot. ZIP CODI	E			10g. CIT	IZEN OF W	WHAT COUNTRY	
FUNERAL	27570 Farm Market Road				21	838			U	·S.A.		
5		DENT EVER IN U.S. AR	MED	13. WAS D	CENDENT O	F HISPAN	IIC ORIGIN? (S	pecify Yes	or No-	14. RACE	- American In	dien,
ВУ		E WAR OR DATES	NO	It yes,	pecify Cuba S 2 [X] NO	n, Maxices Specify	n, Puerto Ricar	n, atc.)		Black Speci	White, atc.	311
											"White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(G	ive kind of	USUAL OCCUPAT	ION lost of workin	ю	16b. KIN	D OF BUS	INESS/INC	DUSTRY		
삘	Elementary/Secondary (0-12) College (1-4 o	5+)	. Do NOI u	se retired.)								
M	Grade 8	- Owr	ner				Ch	arte	r Boa	at Se	ervice	
	17. FATHER'S NAME (First, Middle, Last) Charles Henry Wilson				18. MOTH		ME (First, Middl		Surname)			
BE							an Smi					
2	19a. INFORMANT'S NAME (Type/Print)	191	b. MAILING	ADDRESS (Street	and Number	or Rural A	loute Number, C	City or Town	, State, Zip	Code)		
	Emma C. Wilson (Wife)		Same	as 10 a	,b,c,	d,e,	f,g					
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval trom State	20b. PLACE A	Matory or o	OF DISPOSITION (I	lame of		DATE	20c. LOC	ATION —	City or Tox	wn, Stata	
	4 Donation 5 Other (Specify)	St./	Paul'	s Cemet				Ma	cion	Stat	cion, M	D
	, Robert N. Black	buch			ND ADDRES		ns Fun	ora1	Home	_		
	Robert H. Bradshaw,	r. //		306	V. Ma:	in S	t C	risf	ble i	. MD	21817	
I	23. PART I. Enter the diseases, or complications	that caused the de	ath. Do r	not antar the m	oda of dyle	ng, auch	as cardiac	Or respir	atory an	rest,	Approxim	nate
	ahock, or heart fallure. List only one IMMEDIATE CAUSE (Final	suse on each line	. 0								Interval I	Between
		rancel	2 1/2	relasi	alu	- (Po	10 - 10 0					
	DUE	TO (OR AS A CONSEC	DUENCE OF	-):					John	jes.		
Z	could be a class	vancel	Co	execu	of Prostale				61	. 4		
CERTIFICATION	ir airy, leading to immediata	TO (OR AS A CONSEC						-	7	,		
2	CAUSE (Disease or injury											
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
5	resulting in death) LAST											
- 11	PART II. Other significant conditions contributing	to death but not re	aulting i	n the underlyin	g causa g	iven in F	Part I. 24a	. WAS AN A	ITOPSV	245	WERE AUTOPSY I	EINDINGS
DICAL	6 Denatitis (2)	Prince	0 4	y Ca	h			PERFORM	IED?		AVAILABLE PRIOF	OT F
MED	of frice (3) M.	Casta	-	P.	1	4m		YES 2	NO		OF DEATH?	CAUSE
≥	to hungs and		-ae	2.7	011	come	4				1 TYES 2	NO
¥	25. WAS CASE REFERRED TO MEDICAL	- 70 da	ex	elon	LACE OF DE	maj	Hulka					
PHYSICIAN:	EXAMINER? 1 VES 2 NO 1 Vigariller	ER/Outpetient 3		OTHER:								
Ŧ		OF INJURY	28b. T/M	4 Nursing Ho	URY AT			-				
2	1 Natural 5 Pending (Month	, Day, Year)	INJ	URY	PRK?	_	28d. DESCRIB	E HOW IN	JURY OCC	URED		
BY	2 Accident investigation 3 Suicide 8 Could at 28s. PLAC	OF INJURY — At hor	ne, term, s				281 LOCATION	M (Ctmat on	d Mumber		M	
邑	4 Homicide 8 Could not be buildle	ng, atc. (Specify)		and the start of the	•		City or Tov	vn, State)	a Number	or Hurst Ho	oute Number,	
	29a. CERTIFIER			-1.1								
₹ I	(Check only one) 2 MEDICAL EXAMINES: On the best	of my knowledge, des	ith occurre	d at the time, dat	and place,	and due t	o the cause(a)	and mann	er as state	ed.		
COMPLETED	One) 2 MEDICAL EXAMINER: On the baels of	axamination and/or in	rvestigatio	n, in my opinion,	leath occure	d at the ti	ime, data and	placa, end	dua to the	e cause(s)	and menner as	stated.
BE	296. SIGNATURE AND PITLE OF CERTIFIER	(0)			29c. LICE		-		29d, DATE	E SIGNED (Month, Day, Year)	
2	10 Miles Also Appeles	- now			12	95	05		▶ 3	/3/	193	
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED C										0	
-	Gregorio Belloso, M.		eady	memoria	I Hos	spita	al – Ci	cisfi	eld,	MD	21817	
	31. DATE FILED (Month, Day, Year) 32. REGIST	RAR'S SIGNATURE	Dane	. 84.								
	APR 2 '93 \$	AND SHALL STON	-1-1-									

مِيْ الْمُعَمِّدُ وَأَحْدِهِ الْمُعِدِدِ فَيْ الْمُعَالِمِينَ الْمُعَالِمِينَ الْمُعَالِمِينَ الْمُعَالِمِينَ

TO BE CT	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	2
examiner must be notified at once.	LIFT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	š
al.	ith and hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	£,
he funeral director, page 5 should be detached	PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	Z
ir death. Page 6 may be retained by the hospi	OSTATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	8.
		-

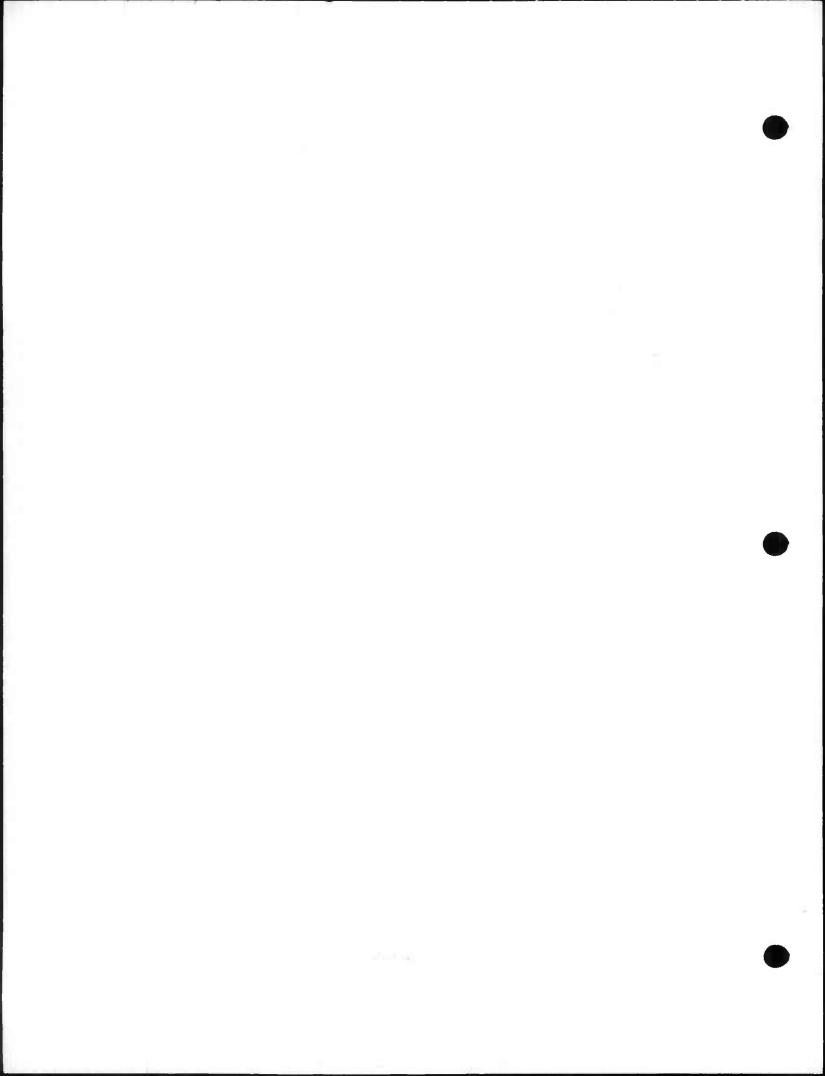
FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / DEPAR Certif	TMENT	OF H	IEALTH DEA	AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last) Thomas Willi	am Whi	te					2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF	y	
4. SOCIAL SECURITY NUMBER 215-24-2068-A	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. last birthday) 6 1 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, 16ar) 12-20-3	1	
9a. FACILITY NAME (If not institution, give st			9b. CITY	, TOWN	OR LOCATI	ON OF DI	EATH	9c. COU	NT

	Thomas Will:	iam Whit	ce						MONTH 1	8	543	9:49A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
	215-24-2068-A		6]YRS.	MONTHS	DAYS	HOURS	MIN.	12-20-	31	Mary	land
œ	9a. FACILITY NAME (If not institution, give s		TT	L - 1			R LOCATIO				TY OF DEAT	
DIRECTOR	Carroll County	General	. Hospi	tal	W	est	mins	ster			Carro	11
Ĕ.	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN C	OR LOCAT	ION				10	d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Carroll		1	West		ste					LIMITS?
FUNERAL	2235 Coon Club	Rd.				101.	ZIP CODE	211	57		S.A	T COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN			13. 1	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (Specify Ye	s or No-	14. RACE	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 1	ю			cify Cuber 2 X NO		, Puerto Rican, etc.)		Black, W Specify:	White
	16. DECEDENT'S EDU		16a, DE	CEDENT'S	USUAL O	CCUPATIO	M.		16b, KIND OF BU	SINESS (INO	HETEV	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(G	ve kind of w Do NOT us	vork done o e retired.)	during mos	st of worldny	9	5 - C. W 30			
COMPLETED	5			Ro	ofi	ng			Fick H	Bros.		
8	17. FATHER'S NAME (First, Middle, Last)								AE (First, Middle, Maider			
띪	Thomas F. Whit	e							Hoffmeye			`
5	Virginia D. Wh	ite							oute Number, City or Ton Westmir			21157
	20a. METHOD OF DISPOSITION 1 S Burial 2 □ Cremetion 3 □ Rem	oval from State	20b. PLACE A			ITION (Na	me of		DATE 20c. LC	CATION C	City or Town,	State
	4 Donation 5 Other (Specify)		Meado	w Ri	dge	Me	m. P	ark	4/12Bal	timo	re,	Md.
	21. SIGNAL ONE OF PUNERAL SERVICE LIC	D-1			Th	oma	S D.	Fl	etcher &	Son	2115 F.H	• /
	Thomas D. Fletcher & Son F.H. 254 E. Main St. Westminster, Md. 23. PART I. Enter the diseases, or complications that coused tha death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate											Md.
	23. PART I. Enter the diseases, or of ahook, or heart failure.	complications that List only one ceu	ceused tha de ne on each lina	ath. Do n	ot enter	the mod	de of dyla	ng, such	as cardiac or resp	iratory arre	eat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	AT	17	1	1		1	X	und			Onset and Daath
	resulting in death)	DUE TO	OR AS A CONSE			maci	lar	6kg	land			
z					,							j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE OF):							
길	cause. Entar UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEC	UENCE OF):							
E	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	PART II. Other algnificant condition	e contribution to	denth but and a		- 41							
MEDICAL	TATT II. Other arguincant condition	a contributing to	seath but not fr	eauiting ii	n the un	aeriying	cause g	Iven In F	Part I. 24a. WAS AN PERFO		AM	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
ED									1 YES :	NO 🗌	OF	DEATH?
₹									-		1(YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Chec	ck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER		5 Par Hos	idence 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF I		28b. TIME		28c. INJU		T	26d. DESCRIBE HOW	NJURY OCC	URED	
BÁ	1 Natural 5 Pending 2 Accident Investigation				M	1 🗌 Y		NO				
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	26s. PLACE OF building, e	INJURY — At hor tc. (Specify)	ne, farm, s	treet, facto	ory, office		Ì	281. LOCATION (Street City or Town, State	and Number o	or Rural Route	Number,
٣	290. CERTIFIER (Check only CERTIFYING PHYSIC	CIAN: To the best of a	ny knowledge, des	rth occume	d at the ti	me deta	and place	and due t	o the councies and ma			
No.									lme, data and place, as			d manner as stated.
шШ	299. SIGNATURE AND TUPLE OF CENTIFIER	1//					29c. LICE	NSE NUME	BER	29d. DATE	SIGNED (Mo	onth, Day, Year)
띪	290. SIGNATURE AND TURE OF CENTIFIER		>				D/8	SE NUME	9 9	29d. DATE	SIGNED (MO	onth, Day, Year)
шШ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE					D18	58	9	14	SIGNED (Mo	onth, Day, Year)
띪	290. SIGNATURE AND TURE OF CENTIFIER	COMPLETED CAUSE	>600			DR	D18	58	9 9 04. 121)	14	19/93	onth, Day, Year)

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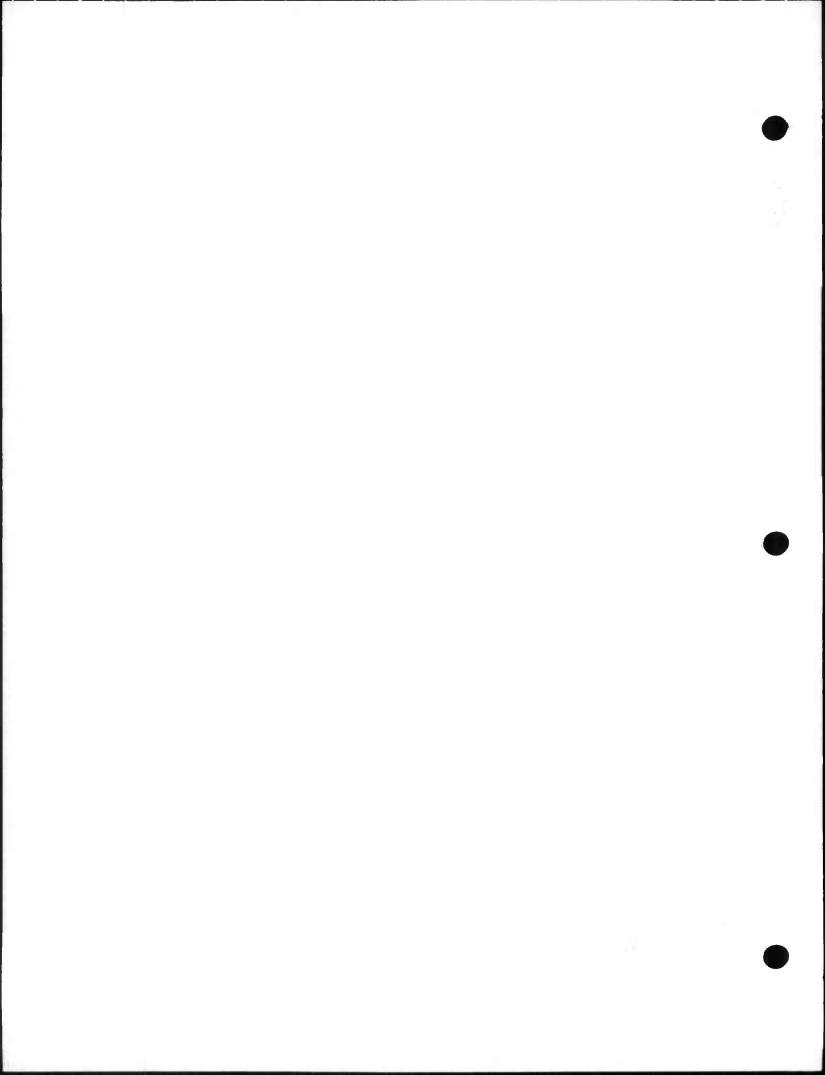
notified at 2 must examiner completely filled in by the rial, cremation, or removal. medical the traumatic event, burial, Hygiene prior to or other shows any injury, Health and been s has be Dept. certificate h flem 0 marked, After this co DIRECTOR: A hours after do item 28 is TO THE HOSPITAL OF THE FUNERAL DE FIRED WITHIN 72 NO THE FUNERAL DE PREMISSION 15 NO THE PROPERTANT; If 16

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH James Charles WENNER 1993 March 18. 9:55 am " 4. SOCIAL SECURITY NUMBER June 10, 1940 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign 218-38-2031 52 1 X M 2 | F Maryland Sa. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9022 Hollow Road DIRECTOR Middletown Frederick RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Middletown 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9022 Hollow Road 21769 U.S.A. 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 A YES 2 \(\sum \text{NO}\) NO 1959-1963 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 24 NO Specify: 14. RACE — American Indian, Black. White, etc. 1 Never Married 2 Married BY Specify White 3 Wildowed 4XX Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Carpenter College (1-4 or 5+) Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Jennings Wenner Mabel P. Mongan BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Donald E. Wenner 9022 Hollow Rd., Middletown, Md. 21769 20s. METHOD OF DISPOSITION
1A Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State
1993 Frederick, Md. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE "Mty: "Olivet" Cemetery March 22, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home MOO021 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 21701 Approximate interval Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition METASTATIC NON-SMALL CELL LUNG CANCER 4 MWAS resulting in death) ADENO CAREINOMA) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 TES ZX NO 1 | YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 27 NO Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 Residence 8 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 5 Pending investige 1 Natural 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D31761 March 18, 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Brian M. O'Connor, M.D., 501 West Seventh Street, Frederick, Maryland 21701 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 19 Julia Daigdson Randalle 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effect death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) RUSSELL JENNINGS WHITTINGTON 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) MONTHIS DAYS HOURS MINN.			
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH MONTH DAYS MONTHS MAN (Month, Day, Year)	3. TIME OF DEATH		
MONTHIS DAVE MOURE MIN (Month, Day, Year)	1993 4:00A M		
236-03-5257 13□ M 2 □ F 90 YRS. MONTHS DAYS HOURS MIN. A 110 (1/4 190)	Country)		
Aug. 14,130	2 West Virgin		
	Cederick		
RESIDENCE OF DECEDENT	ederick		
10c. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY		
Maryland Frederick Monrovia	LIMITS? 1 ☐ YES 2 🌠 NO		
	ITIZEN OF WHAT COUNTRY?		
4325 Lynn Burke Road 21770	merican		
10e. STREET AND NUMBER 4325 Lynn Burke Road 10f. ZIP CODE 21770 AT 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 MNO 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Maxican, Puerto Rican, etc.)			
	Black, White, etc.		
m 3 Widowed 4 Divorced	Specify: White		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retred.) Custodian 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retred.) Montgomer School Sy 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	NOUSTRY		
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.) Montgomers	v County		
6th Custodian School Sy	_		
77. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)			
Samuel Whittington Mary Wilkins	1		
the INCOMANT'S NAME (Tracklet)	Zip Code)		
Bertha R. Whittington 4325 Lynn Burke Rd., Monrovia			
20a, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION -	- City or Town, State		
PCPSurial 2 Cremation 3 Removal from State 4 Donation S Cremation (Specify) Laurel Hill Cemetery 3/18Lost C	ity, W. Virgin		
21. SIGNATURE OF FUNETAL SERVICE LICENSEF			
Olin L. Molesworth, P. Damascus, Maryland			
Duman dan / Hangania	20872		
23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory a			
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. metastatic carcinomic. Unknown Print Due to (or as a consequence of):	interval Between Onset and Death		
Shock, of heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	interval Between Onset and Death		
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. Blood of S. Berrier UNDERIVING Cause. Enter UNDERIVING Cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. Blood of S. Berrier UNDERIVING Cause. Enter UNDERIVING Cause. Examiner? 1	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO		
Sequentially list conditions a.	Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Sequentially list conditions a.	Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Sequentially list conditions a.	Y 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Sequentially list conditions a.	Y 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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NAMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	interval Between Onset and Death Y 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CCURED Deer or Rural Route Number, teted. the cause(a) and manner as stated. ATE SIGNED (Month, Day, Vear) 1 arch 16, 1993		



TO THE RESTANCE ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO RINEED CHRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mad mitter 2 curs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

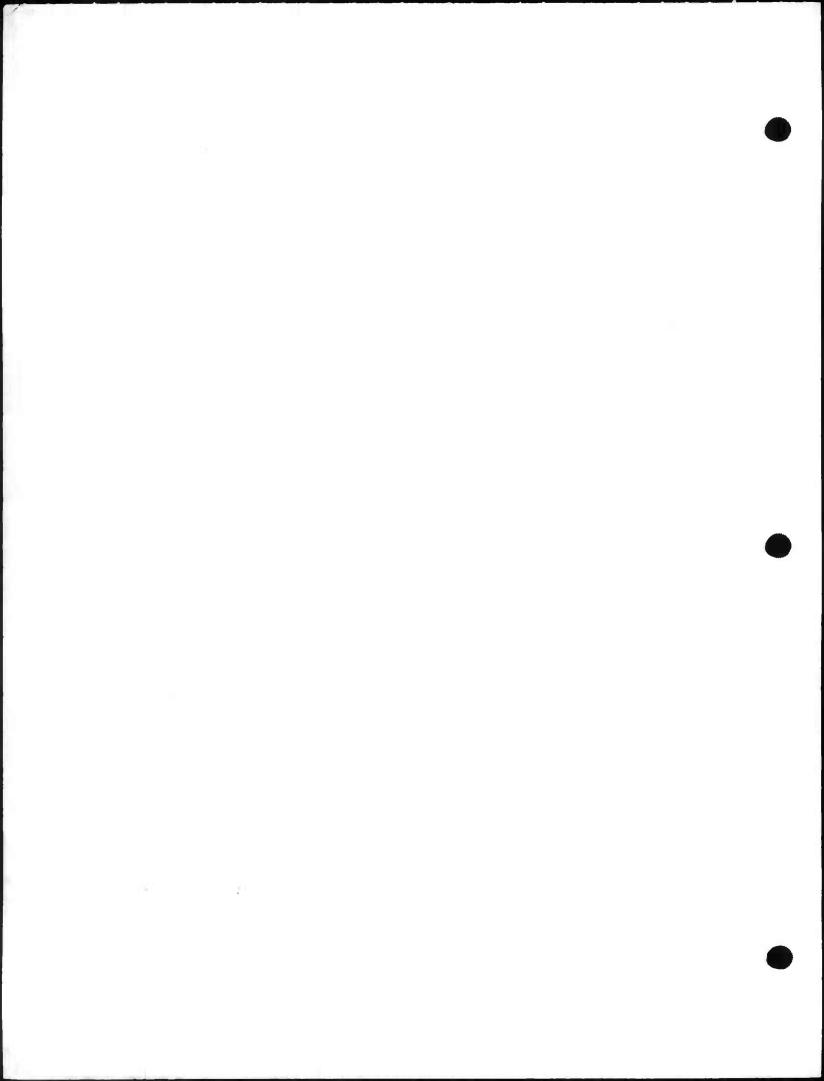
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, MIDDIO, Last) MATHEWS	CARY U	ADDELL	WADDE	LL	2. DATE	of DEATH	-9	3. 3	TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 474-16-0376 98. FACILITY NAME (If not institution, give str	1 2 F 7	G YRS. MOI	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	8 Mont	OF BIRTH h, Day, Year) 76 - 16	M	Country)	SOTA	
TOR	HOLY CROSS	Hospital	96	SI/ve	R LOCATION OF DI	LUC	MD	MOL		OMBRY	
DIRECTOR	10e. STATE 10b. COUNTY M.D M.C.	DNTG OMEN		UEVZ						d. INSIDE CITY LIMITS? LES 2 NO	
FUNERAL	LOY FLEETU	bood Te	Re.	101	20 91	0		li		T COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D WW	2 NO ATES	If yes, sp	ENDENT OF HISPAL Incity Cubert, Mexica 2 NO Specifi	n, Puarto		r No 14.	RACE — Black, W Specify:	American Indian, hita, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use rea	done during mo tired.)						LIED PHY	SICS
	17. FATHER'S NAME (First, Middle, Last) ROBERT SHANNO	5+ ON WADDELL	MATHEMATI	CIAN	18. MOTHER'S NA		LAB Middle, Maiden S MATHEW		RY		
TO BE	19a. INFORMANT'S NAME (Type/Print) VIOLET WADDELI				TERRACE,	Floute Num	ber, City or Town,	State, Zip Co	de)	0910	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Comments 3 Remo		PLACE AND DATE OF D netlery, crematory or other TROPOLITA			3/29		ANDRI			
	21. SIGNATURE OF FONERAL SERVICE-LICE	flell	/	FRANCI	D ADORESS OF FA S J. COL IVERSITY	LINS	FUNERA	L HOM	E, I SP.	NC. , MD 209	01
	23. PART I. Enter the diseases, of cashock, or heert feiture. Le immediate CAUSE (Finei disease or condition resulting in death)	a. CACCI OUE TO (OR AS A	NOW AT	osis				itory erreat	,	Approximate Interval Between Onset and Dee	th
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	NAC	BLEE	01	NCE				
AL.	PART II. Other aignificent conditions	contributing to death b	out not resulting in th	ne underlying) ceuse given in	Part i.	24a. WAS AN AI PERFORM 1 YES 2	ED?	COF	RE AUTOPSY FINDING ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	is
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 N NO	HOSPITAL:		HER:	ACE OF DEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJI WO			CRIBE HOW IN	URY OCCUR	ED		
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, affici		281. LOC City	ATION (Street and or Town, State)	d Number or I	Rural Route	Number,	
COMPLET	2 MEOICAL EXAMINER	CIAN: To the best of my know R: On the basis of exemination							ause(a) en	d manner as stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	D Ster	~		DZ19	82		≥ 3 /	9NEO (MO	153	
	30. NAME AND ADDRESS OF PERSON WHO 2440 31. DATE FILED (Mogth, Day, Abar)	S T S(A	1178 80	2	WASH	1146	, אסד	DC.			
	MAR 30 '93	Julia Dair	door Randall								

BALTIMORE, MARYLAND 21215-0020

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(A)	8	60
DIVISION OF VITAL RECORDS,	IR ATTENDING PHYSICIAN; The law requires that the deat	JIFECTOR: After this certificate has been signed by the atte
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	1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL HYGIE		11010
	1. DECEDENT'S NAME (First, Middle, Last) JOYCE		WAR	REN		2. DATE OF DEATH MONTH MARCH 29		3. TIME OF DEATH 6:45 P M
	4. SOCIAL SECURITY NUMBER 577 54 4326	1 □ M 2 □XF	(In yrs. lest birti		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) APRIL 10	8. BIF	ITHPLACE (State or Foreign Intry) NGLAND
TOR	96. FACILITY NAME (If not institution, give COLLINGTON LIFE RESIDENCE OF DECEMENT			100	HELVILLE	DEATH	PRINCE	GEORGE S
DIRECTOR		nce George's	10	Mitche				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10450 Lottsford	Road			101. ZIP CODE 20706		10g. CITIZEN O	F WHAT COUNTRY?
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	II ye	DECENDENT OF HISP, e, specify, Cuben, Maxie YES 2 NO Spec		81	ACE — American Indian, ack, Whits, stc.
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +) 5+	(Give kill life. Do f	ENT'S USUAL OCCU nd of work done duri- NOT use retired.)	PATION ng most of working		siness/industry	
	17. FATHER'S NAME (First, Middle, Last) John Whately Py	zddoke				AME (First, Middle, Melde, Ces Evelyn	n Surname)	
TO BE	19e. INFORMANT'S NAME (Type/Print) Don C. Warren				reet and Number or Aura	I Route Number, City or To		
	20s. METHOD QE DISPOSITION 1	novel from State 200	b. PLACE AND	DATE OF DISPOSITION OF COMPANY OF THE COMPANY OF TH	N (Name of	DATE 20c. L	ocation – chy or exandria	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE ROLL	don		O WI AVE N		WLERS SO	ONS INC.
	23. PART i. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	complications that cause Liet only one cause on a Liet only one cause on a Liet only one cause on a Liet only one cause on a Liet only one cause on a Liet on the cause of the	ech line.			ch aa cardiac or reap	piratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUEN	CE OF):				
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition Sendo Denende	na contributing to deeth t	out pet result	ting in the under	dysphese	Part i. 24a. WAS AI PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	netleat 3 🗆 D	ОТНЕН:	6. PLACE OF DEATH (C			
	27. MANNER-OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)		TIME OF 26	: INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, etc. (Spe	f — Al home, le			261. LOCATION (Street City or Town, State	and Number or Rura	I Route Number,
COMPLETED		ICIAN: To the best of my know ER: On the basis of examination						o(s) and manner as stated.
TO BE C	296. SHANATURE AND TITLE SE CENTINE				29c. LICENSE NU			\$ (Month, Circ. Year)
	PETER M. SCHISSLE				RT #430 GR	EENBELT,MD	. 20770	
	31. DATE FILED (Month, Day, Year) APR 07 '03	2 32. REGISTRAR'S SIGN						



	1 - STATE REGISTRAR		CI		ICATE O	F DEA	TH		REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH			3. TIME OF DE	ATH
	MARTIN	MARSH	IλT.	Ţ	VATKIN	C		0.4			93	6:59	Дм
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1 YEA	7	24 HRS.		OF BIRTH			PLACE (State or	
	none	1_ M 2 F		YRS.	MONTHS DAY		MIN.	(Mont	h, Day, Year)		Countr	γ)	roraigir
	90. FACILITY NAME (If not institution, give :				J. O	N OD 1 0047	011 05 05		24,19			yland	
œ	in has manually give	and and monitory			90. CITT, 10W	N OR LOCALI	ON OF DE	EATH		9c. COUN	TY OF D	EATH	
2	FREDERICK MEN	MORIAL E	IOSPITA	<u>L</u>	FRED	ERIC	ζ			FRE	DER	ICK	
S	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CI	TY
DIRECTOR	Maryland I	Frederick		Bru	nswick							LIMITS?	
	10e. STREET AND NUMBER					10f. ZIP COD	E)	_		10a CITIZ	EN OF W	WHAT COUNTRY	-
B/	203 E. Potomac S	Street				217						THAT COUNTRY	
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR	MEO	12 140 0				N? (Specify Yes	US			
	15 Never Married 2 Married	FORCES? 1	YES KON	10	If yee,	specify Cube	n, Mexica	n, Puerto		or No-	Black	— American In c, White, etc.	dian,
B	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES		1 0 1	ES 2 NO	Specify	y:			Speci	hite	
	15. DECEDENT'S EDU		16e, DE	CEDENT'S	USUAL OCCUPA	TION		168	. KIND OF BUS	SINESS/INDU		inte	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT us		most of working	ng						
길	0		"	N/P	7				N/P	A.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First	Middle, Maiden	Surnamal			
	Martin Lewis V	Vatkins					wne		chelle		ill	ips	
BE	19e. INFORMANT'S NAME (Type/Print)		191	. MAILING	ADDRESS (Stree	et and Number	or Burni i						
2	Martin L. Watkins	2									,	1716	
	20e, METHOD OF DISPOSITION	,			Potor		Teet	DAT		CATION — C			
	Buriel 2 ☐ Cremetion 3 ☐ Rem Donation 5 ☐ Other (Specify)	noval from State	cemetery, gre-	metory or o	ther plece)			1					
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSRE	LIMETO	nu M	emoria 22. NAME	AND ADDRE			-93	Aldir	10,	Md.	
	1/2000	Ma a							III F	unera	l H	ome, P.	Α.
13	Howars	IVE Or	mes	111	131	7 Coke	sbur	V Ro	ad. Ah	nado	n - I	Md. 210	009
	23. PART i. Entar the disesses, or shock, or heart failure.	Complications the	t caused the de	sth. Do r	not anter the	node of dy	ing, suci	h ss can	diac or respi	retory arre	at,	Approxi	mste
- 1	IMMEDIATE CAUSE (Final	wiet offiny offe care	ee on aech mie	•								Interval	Ratwean
- 1	IMMEDIALE GROOF (LINE)											Onset a	nd Death
	disesse or condition resulting in death)	. Sud	den I	nfa	ant I) patl	1	VIO	dra	m e		Onset a	
	disease or condition resulting in death)	. Sud	den I	n fo	ant I)eatl	1 5	yn	dro	me		Onset a	
NO	disesse or condition resulting in death)	s. Sud	den I	DUENCE OF	ant I)eatl	15	yn	idro	me		Onset a	
NTION	disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b	den I (OR AS A CONSEC (OR AS A CONSEC)eatl	15	Pyn	dro	me		Onset a	
ICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. OUE TO	(OR AS A CONSEC	PUENCE O	F):	Deatl	n S	yn	idro	me		Onset a	
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** mrained by the hospital or attending physician.
** a should be detached for use as the burial-transit permit. Pages 1. 2, 3 should MONE MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Note if many mained by the hoss TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral many man is should be detached filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

1	FOR STATE REGISTRAR	STATE OF MAR		FICAT	E OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH	
	Garrett	Lee	W	lood1	and		0.4			993	0900	M
	4. SOCIAL SECURITY NUMBER	1	GE (In yrs. last birthde	y) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTH	PLACE (State or Fore	ign
	220 74 5217	<u>X</u> M 2 □ F 2	3 YAS	MONTHS	DAYS	HOURS MIN.	5/	31/6	9	M a 1	w rvland	
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CIT	Y, TOWN C	OR LOCATION OF E	EATH		9c. COUN			_
	22100 blk. Aquasco Road Aquasco Princ											
22100 blk Aquasco Road Aquasco RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. CITY, TOWN OR LOCATION Waldorf				TION				10d. INSIDE CITY VLIMITS? 1 4 YES 2 NO				
	100. STREET AND NUMBER 156 E Horsehead	d Road			101	20601				EN OF W	VHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIYE WAR O	ES 2XXVO	13	If yes, sp	CENDENT OF HISPA ecity Cuban, Maxic 2 X NO Speci	an, Puerto		or No-	Speck	RACE — American Indian, Black, Whita, atc. Specify:	
F	15. DECEDENT'S EDU	CATION	16a. DECEDENT	r'S USUAL (OCCUPATIO	ON	16	ib. KIND OF BUS	SINESS/INDI		ack	
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind		durina mo	ast of working	1"	o. KIND OF BU	SINESS/INDU	SINT		
ı	12th	Conage (I-4 of 5+)	Tire :	Techi	nici	an		Tire	Ser	vic	0	
	17. FATHER'S NAME (First, Middle, Last)		11110	100111	1101	18. MOTHER'S N.	AME (First			110		
	Clayton Woodla	and, Sr.				Mary			ourname,			
	19a. INFORMANT'S NAME (Type/Print)	ind, or.	19b, MAILI	NG ADDRES	S (Street a	and Number or Rural			n State Zin i	Corde)		_
	Mary A. Woodla	an d	1								. 20601	
	200, METHOD OF DISPOSITION		20b. PLACE AND DAT						CATION - C			
	1 🖟 Burial 2 🗆 Cremation 3 🗆 Ram 4 🗆 Donation 5 🗆 Other (Specify)	oval from Stata	cemetery, crematory of			lia Ch	1. /-					. 1
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	St Mary	22	NAME AN	ND ADDRESS OF F	AL /	/ Y 5 F	Bryantown, Maryla			
	· Jour	1 mg (GNATURE OF FUNERAL SERVICE LICENSEE St. Mary's Catholic Ch 4/7/93 Bryantown 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY									
Aguasco Road, Aguasco, MD.									, P.			
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by he retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the confidence has been signed by the attending physician and completely filled in by the intermitian of should be detached a filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DRE. MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

APR 08 93

Julia Davidson Randall

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	1 - FOR STATE REGISTRAR		STATE OF I		D / DEPAI CERTIF					MENTA	L HYGIEN REG. NO.		33	11546
1	1. DECEDENT'S NAME (First	t, Middle, Last)	JAMES	VICTOR	WALKE	R				2. DATE	e of DEATH DA	199	VEAR	3. TIME OF DEATH 11:45 A M
	4. SOCIAL SECURITY NUMBER 218-16-407		5. SEX	6. AGE (In yrs	: lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7 DATE	TE OF BIRTH with, Day, Year) CH 31 1925		8. BIRTHPLACE (State or Foreign Country) MARYLAND	
1	9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CIT	r, TOWN (OR LOCATI	ON OF DE).i. J. I		NTY OF OE	
DIRECTOR	131A HANOV		EET		CUMBERLAND							A	LLEGA	NY
H.	10e. STATE	10b. COUNT			1111	TY, TOWN								10d. INSIDE CITY LIMITS?
	MARYLAND		EGANY		C	UMBE								YES 2 NO
FUNERAL	131A HANOVI		EET				101	21.	502				S.A.	HAT COUNTRY?
₽	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 M YES 2 NO IF YES, GIVE WAR OR DATES			- 1	If yes, sp		n, Mexica	in, Puerto	N? (Specify Yes Ricen, etc.)		14. RACE	— American Indian, White, etc.
	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	16a	. DECEDENT'S				202	16	b. KIND OF BUS	INESS/INC	DUSTRY	WELLE
COMPLETED	Elementary/Secondary (t		College (1-4 or 5	+) Si	FATE R	see retired.)	-		-	N	INSPE	CTOR		
BE CO	17. FATHER'S NAME (First, M JAMES AF	Aldello, Last) RTHUR V	VALKER		-						Middle, Meiden MILLER	Surname)		
	19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRES	S (Street a			_	nber, City or Town	n, Statu, Ziç	Code)	
임	J. MARTY WA				173 W	EST 1	MAIN	STR	EET	FROS	TBURG,	MARY	YLAND	21532
	20a. METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	non 3 🗆 Ram r (Specily)	oval from State	20b. PLA cemetery ROCK	ACE AND DATE OF DISPOSITION (Name of parties) ACE AND DATE 20c. LOCATION — City or Town, State								m. State	
3)	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MERRITT—ADAMS FUNERAL HOME AND ADDRESS OF STREET CUMBERLANT													
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arreet, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LETTOR CERTIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):													
MEDICAL	PART if. Other significant conditions contributing to death but not POST AORTIC VALVE REPLACEMENT HEART FAILURE									Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO				WERE AUTOPSY FINDINGS MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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ΙΥS	YES 2 NO		1 Inpatient 2			4 🗆 Nu	raing Horn		sidence		er (Specify)			
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ETED I		Could not be determined	28e. PLACE C building,	OF INJURY A atc. (Specify)	l home, ferm,	street, fac	tory, offic	•			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			ute Number,
COMPLE			CIAN: To the best of a											and manner es stated.
BE C	296. SIGNATURE AND TITLE	OF CERTIFIE	1					29t. LICE	DISE NUM	ADER		29d. DAT	E SIGNED (Month, Day, Year)
10 B	(Beul	10	~ ~					D09	157			► AP	RIL	1. 1993
F	DR. PAUL S						CIIMI	REDIA	ND	март	YLAND	2150		,
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATUR	RE		00111		ولادي	LUIIV.	LUMINU	2130	4	
	APR (2 199	3 Prince	Binden	Special	2								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 🗪 Smart be remained by the hour	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the natural denotor, seen is should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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4	è	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal	GM
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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN REG. NO.	e 93	11547			
	1. DECEDENT'S NAME (First, Middle, Last) Howard E 4. SOCIAL SECURITY NUMBER 5.	Jinfield.				2. DATE OF DEATH DATE OF OF OF	9:				
		XM 2 [] F	n yrs. Inst birthday) 7 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 6/18/15	9c. COUNTY	BIRTHPLACE (State or Foreign Country) MARY LAND			
DIRECTOR	Devlin Manar I	Nursing F	tome	Cumba	davd 1		Alkgi	ON Y			
	MARYLAND ALLE	EGANY		ROSTBU	RG	(ZIHLM		1 TYES 2 NO			
FUNERAL	10926 SUGAR ROW	ROAD, NW			21532	NIC ORIGIN? (Specify Yes	U.S.	· A ·			
BY	1 Never Married 25 Married 3 Wildowed 4 Divorced	FORCES? 17 YES	2 NO	If yes, s		an, Puerto Rican, atc.)	or No 14.	Black, White, stc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUCAT (Specily only highest grade con Elementary/Secondary (0-12)	CON npleted) College (1-4 or 5 +)	life. Do NOT use	ork done during m	osl of working			ACTORIES			
BE CO	17. FATHER'S NAME (First, Middle, Last) ABRAM WINE	FIELD			MA	AME (First, Middle, Melden RION DOWN	NOT				
101	190. INFORMANT'S NAME (Type/Print) JUDY BRIDGES		1092	5 SUGA	R ROW R		JRG, MD 2153				
	20b. PLACE AND DATE OF DISPOSITION OATE 20c. LOCATION — City or Town, Semelery, cremelory or other places of their (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, cremelory or other places) 20c. LOCATION — City or Town, see the cemelery, cremelory or other places) 20c. LOCATION — City or Town, see the cemelery, cremelory or other places) 20c. LOCATION — City or Town, see the cemelery, cremelory or other places) 20c. LOCATION — City or Town, see the cemelery, cremelory or other places) 20c. LOCATION — City or Town, see the cemelery, cremelery, cremel										
	23. PART I. Enter the diseases, or com	Moleculary that sound	ues!	60	W. MAIN	ERAL HOME	STBUE	RG, MD 21532			
	ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition	t only one ceuse on ea	ich line.			on es curolec or reapi	ratory arrest	Approximate intervel Batween Onset and Death			
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of):										
PHYSICIAN: MEDICAL (PART II. Other algnificent conditions of	contributing to deeth be	ut not resulting l	n the underlyin	ng ceuse given in	Part I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
YSICIAN	1 YES 2 NO 1	IOSPITAL:	itlent 3 🗆 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)					
B⊀	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, s	M 1 🗆	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAL	N: To the best of my knowled On the basis of examination						euse(a) and manner ea stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTURES 30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH OTEM 27 CAM	Print 1	D30	5766	29d. CATE SI	GNED (Month, Dey, Year)			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

E M D SIGNATURE

POONAI

32, COIS

VIKRAMADITYA P
31. DATE FILED (Month, Day, Year)
APR 0 5 1993

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	, Middle, Last)							2. DATE OF DEATH MONTH DA		YEAR 3.	TIME OF DEATH
LENORA S.		R			APRIL 4					11:00 A M	
4. SOCIAL SECURITY NUME 228-28-00	22	SEX 6	AGE (In yrs. las		DAYS		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/11/1		8. BIRTHPL Country)	ACE (State or Foreign
99. FACILITY NAME (If not in SACRED HE	ART HOS			9	b. CITY, TOWN	AND	НТА		LEGA		
RESIDENCE OF DEC	10b, COUNTY			10c, CITY, 1	OWN OR LOC	ATION				1 10	od. INSIDE CITY
MD 10e. STREET AND NUMBER		EGANY		207	RRIGA	MVIL				1	LIMITS?
P. O.		3				21	524		US		IT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3	Married	2. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 N	MED IO	If yes,		n, Mexica	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACE Black, V Specify:	American Indien, thite, etc.
	EDENT'S EDUCAT y highest grade cor 1-12)		(G/	ve kind of work Do NOT use n	WAL OCCUPATE done during retired.)	nost of worldr	99	16b. KIND OF BUS	SINESS/INDU	ISTRY	
17. FATHER'S NAME (First, M. JAMES N.		KINS						ME (First, Middle, Maiden E DODD	Surname)		
19a. INFORMANT'S NAME (7 ROBERT N		NER	70	MAILING AD	ELLS	end Number	or Rural R	NIVERSIT	n, State, Zip (Code)	D 20782
20. METHOD OF DISPOSITI	n 3 🗆 Remove	I from State	cemetery, cres	natory or other	DISPOSITION (4/		CATION — C		State MD
21. SIGNATURE OF FUNERA	L SERVICE UCEN	Dix Ook	1		HARV		S OF FAC	EIGLER FU	JNERA	AL HO	OME
23. PART I. Enter the di shock, or in	ispases, or con cert failure. Lis	nplications that of	aused the de	ath. Do not						st,	Approximata Interval Between
iMMEDIATE CAUSE (Findisease or condition resulting in death)	nei	5	troke								Onset and Death
Todating in doubly		DUE TO (O	R AS A CONSEC		P. 11	1.000	h 40	1. 0'	0		
Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY!	diate NG	DUE TO (O	RAS/A CONSEC	UENCE OF):	Cour.	oru V	- FCM	lur Di	8 ga		
CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO (O	R AS A CONSEC	UENCE OF):							
PART II. Other significe	nt conditions o	contributing to de	eth but not n	suiting in I	the underlyi	ng cause g	iven in	Part i. 24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
Pneun	mà.	Dia	rbets			16		PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
179	ralin 8	en						-		1	YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:				PLACE DF D	EATH (Che	ck only one)			
1 TYES 2 THO		Inpatient 2 E	R/Outpatient 3		THER:	me 5 🗆 Re	sidence	8 Other (Specify)			
	Pending Investigation	28s. DATE OF IN (Month, Day,		28b. TIME C	Y 9	YES 2] NO	28d. DESCRIBE HOW I	NJURY OCCI	JRED	
3 Suicide 6	Could not be determined	28s. PLACE OF I building, atd	NJURY — At hor :. (Specify)	ne, farm, stre	et, factory, off	ice		28f. LOCATION (Street a City or Town, State)	and Number o	or Runal Rout	e Number,
								to the cause(s) end man			nd manner as stated.
29b. SIGNATURE AND TITLE		SII	na 11.	, MS	-		ENSE NUM				onth, Day, Year)
30. NAME AND ADDRESS OF						1 0	T T	707	7		
DR. SIKAND	EK SANDI	32. RESISTRAR'S	SIGNATURE	ARN T	ERRACE	, FRO	STBU	KG, MD 215	32		
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should be detached for use as the burtal-transit permit. Pages 1, 2, 3 should etained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the death of the attention of the property filled in by the function of a shipped by the attention physician and completely filled in by the function of a shipped be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											33	11549	
	FOR 1 - STATE REGISTRAR	STATE OF I				T OF H			MENTAL HYGIEN	-			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		YEAR	3. TIME OF DEATH	
	PAUL	L.			WEAV	ER	Apri		April 7	oril 7, 1993		1:10 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 8. AGE (In yrs. la					24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	212-38-6112	XX M 2 D F				RS. MONTHS DAYS			01-13-19	940 MD		N)	
	9a. FACILITY NAME (If not institution, give a	tmet and number)			9h CIT	Y, TOWN O	D I OCATI	ON OF DE			c. COUNTY OF DEATH		
œ	Memorial Hospital			mber.			Alleg						
DIRECTOR	RESIDENCE OF DECEDENT	d Hedre.	ar cente	. L	Cu	mber.	Lanu			AI	теда.	пу	
I M	10a. STATE 10b. COUNT	7		10c. CIT	Y, TOWN	OR LOCATI	ION					10d. INSIDE CITY	
10	MD All	Legany		C	umbe	rlan	d					LIMITS?	
4	10e. STREET AND NUMBER					101.	ZIP CODE	E		10g. CIT	TIZEN OF Y	VHAT COUNTRY?	
18	1103 Lexington	Avenue					2150	02		U	JSA		
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AF	RMED	13.	WAS DECE	NDENT C	OF HISPAN	HC ORIGIN? (Specify Ve	a or No-	14. RACE	— American Indian,	
	1 Never Married 2 XMarried	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			If yes, spe	city Cuba	n, Mexica	n, Puerto Rican, etc.)	0.110	Black	k, White, etc.	
à l	3 Widowed 4 Divorced	W YES, GIVE V	MIT ON DATES			I [] YES	Z EJ NU	Specify	<i>r:</i>		Speci	"white	
유	15. DECEDENT'S EDU	CATION					N		16b. KIND OF BU	JSINESS/IN			
6	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	live kind of Do NOT u	work done se retired.)	during mos	t of working	ng					
립	unknown			none					n/a				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	HER'S NA	ME (First, Middle, Maider	Sumame)			
L C	John R. Weav	er							ie A. Fost				
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street ac	nd Number	or Burni F	Bruste Number City or Tra	vn Stete 7	in Codel		
임	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 1103 Lexington Avenue Cumberland, MD 21502												
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION City of Town, State												
1 1	1 17 Burlei 2 Cremation 3 Removal from State 4 Donetten 5 Other (Specify) LaVale, MD LaVale, MD LaVale, MD LaVale, MD												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE , RESCLAWIT METIDITIAL GALGETS 2 TO LIGHT METIDITIAL G												
	Scarpelli Funeral Home												
	Cumberland, MD 21502												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.												
	IMMEDIATE CAUSE (Final	and only one out		10	05	-						Onset and Death	
	disease or condition resulting in death)) (- r-	1	<i>l</i> -							
		DUE TO	(OR AS A CONSE	QUENCE O	9		11.		-			1	
z			Can	150	1	/	40	um	mie				
은	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):		1						
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	6.	St	268		60	PD)					
Ē	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
ERTIFICATION	resulting in death) LAST	d.											
ᄀ	DADT II Other slepificant confilling	e contribution of the	death had and	and details	to see			SECTION 1			-	-	
MEDICAL	PART II. Other significant condition	e contributing to	death but not	eaulting	in the u	CCO	Cause 9	given in		HAUTOPSY RMED?	346	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
품	- Cymi	Like	t fer	wy.		7081	25	4	TES 1 VES	2 0160		OF DEATH?	
뿔	- As	Wise	W	2.1	1-0		h	eni	c .		- 1	1 YES 2 NO	
ż	Kesh	· with		-		/	10						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITALT			- 222772		ACE OF D	EATH (Ch	eck only one)				
Š	1 □ YES 2 □MO	1 Limbetient 2	ER/Outpatient 3	DOA.	4 Hu		5DR	seldence	6 [] Other (Specify)				
ž	27. MANNER OF DEATH	28s. DATE OF (Month, 2	DUIUNY inc. Than	28b. TIN	IE OF	28c. INJU WOR			28d. DESCRIBE HOW	INJURY OC	CCURED		
BY F	1 M Natural 5 Pending 2 Accident Investigation	1	ap. may		м	The Committee of the	E6 2	OM					
	3 Suicide 6 Could not be	28s. PLACE C	F INJURY At he	ome, farm,	street, fec	tory, office			281. LOCATION (Street	and Numbe	er or Flurel P	loute Number;	
TED	4 Momicide determined	h Could not be fullding ste /Stoch/							City or Rown, State				
LET	29th CERTIFIER CERTIFYING PHYSI	CIAN: To the heat of	my knowledge d	arth con-		tion during			to the cause(x) and ma	200 - 71			
COMPL	2 MEDICAL EXAMINE												
8			/ minimum	veatry#(N	en, an my	opmmuni, cie						_	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	/	4 H					ENSE NUN	MBER	29d. DATE SHORED (AANVID, ONE YOUR)			
2	30. NAME AND ADDRESS OF PERSON WH		Von-				D I	9318			4/	1/73	
	WI MARIE AND ADDRESS OF PERSON WIL	CLUTHUM STEA CALL		BE STI CE	D-I-si								

Oldtown Road

21502

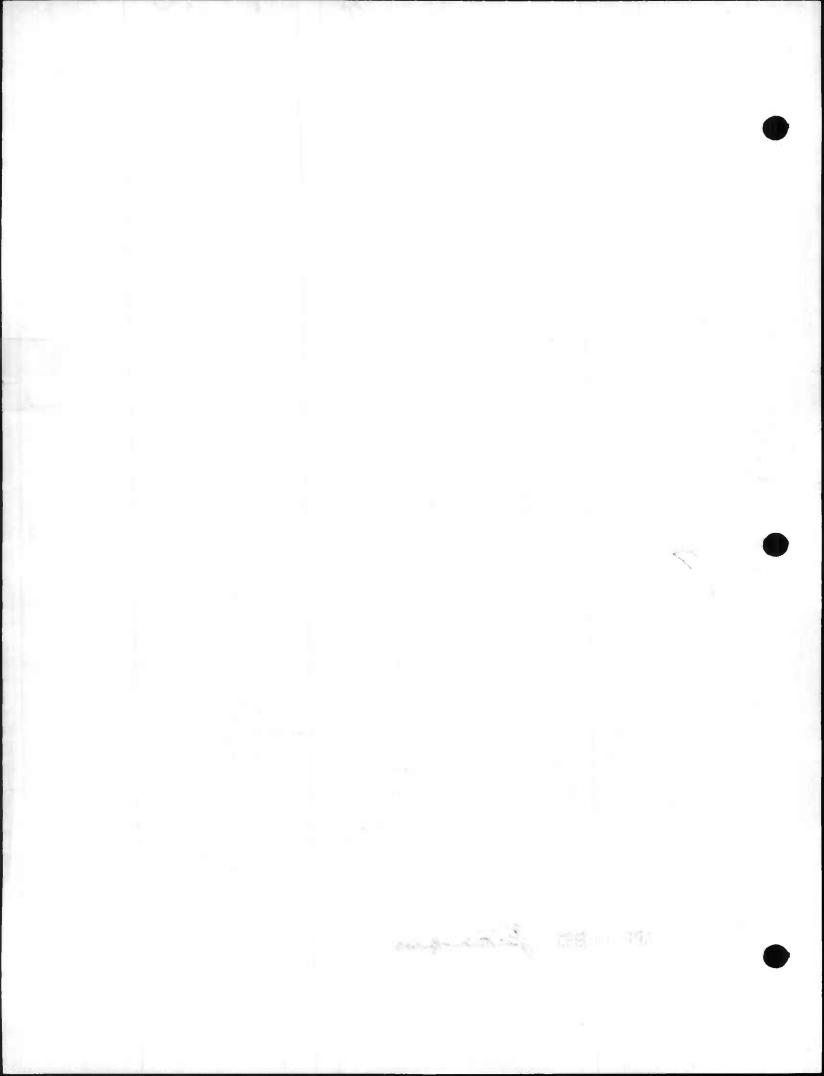
Cumberland, MD.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALLE OF DEATH (ITEM 27) (Type, Print)

517

Ranjithan

Dr. N.



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	Unit Arrier this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2		
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	me d	d Men	injur
1000	ned Da	of the	any
A The state of the	en sig	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.
	ag seu	Dept.	23 8
1	ncare	State	Item
	s certi	th the	10 , DE
	Ter This	ath wi	marke
	CH: A	fter de	8 18
	MEC	be filed within 72 hours after	PORTANT: If item 28 is
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93 11550 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF GEATH YEAR JOHN ALLEN 4 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in was last hirthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN 46 1 X M 2 - F 10-10-46 9a. FACILITY NAME (If not institution; give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1142 E. NORTH AVENUE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY MD BALTIMORE 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1142 E. NORTH AVENUE 21202 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/JNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES TONO
IF YES, GIVE WAR OR DATES ВУ BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b, KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-t2) College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HENRY H. ALLEN, MAMIE HATCHETT 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARLENE ALLEN NORTH AVE /BALTIMORE. MD 21202 20s. METHOD OF DISPOSITION

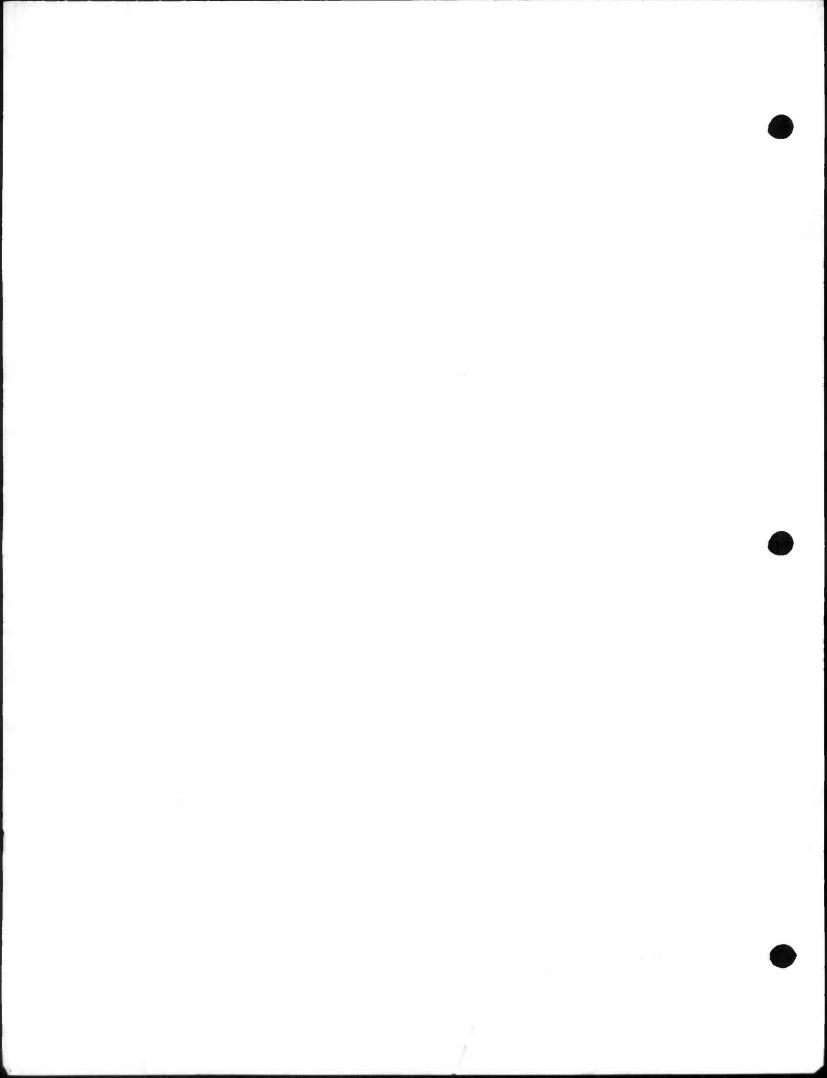
1 Pauriet 2 Cremation 3 Removal from State

Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State tory or other place)
R HILL CEMETERY 5 Other (Specify) CEDAR ANNE ARUNDEL CO, 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVE. 23. PART | Enter the chaeses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) 2-3day bowel sepsis DUE TO (OR AS A CONSEQUENCE OF): metastatic colo-rectal caranoma 6 years CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 NO 1 YES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL OTHER: 1 TES 2 NO me 5 Nesidence 6 - Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, term, street, tectory, office building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CE (Ch

HTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta cock only MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, description.	and place, and due to the cause(s) and mar eath occured at the time, data and place, an	nner se steted, d dus to the cause(e) and menner se stated.
PHATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Quell Julius MD	13164	14/15/93

DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU				-
				Hospital	Balhmon	- HI
		COMMITTED CHOSE OF DEVIL				

Felia Veridon Rondelle



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

1 - STATE REGISTRAR		CERTI			FDEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest) Charles Hamilton F	Buckley					2. DATE OF MONTH Apr.		, 199	3 ^{EAR}	3. TIME OF DEATH 11:00 P M
	1 M 2 - F	(in yrs. lest birthday YRS.	MONTHS	DAYS	HOURS MIN.	7. DATE OF (Month, D Apr.	BIRTN lay, Your)	1993	8. BIRTH	PLACE (State or Foreign
98. FACILITY NAME (II not institution, give stre Shady Grove Advent RESIDENCE OF DECEDENT		al		ckvi	OR LOCATION OF DE	ATH			nty of d	eath
10e. STATE 10b. COUNTY	Georges	10c. c Hy	atts	VIII	ATION Le	<u> </u>				10d. INSIDE CITY LIMITS? 1 PYES 2 NO
100. STREET AND NUMBER 1211 Parker Avenue	9			1	20 782			10g. CIT		/HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13	If yes, s	ECENDENT OF HISPAN apecify Cuban, Maxica ES 22 NO Specify	an, Puarto Rican, etc.)				- American Indian, , White, etc. V: Black
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	CITION ompleted) Coflege (1-4 or 5 +)		'S USUAL of work done use retired.	OCCUPAT ne during n	TION nost of working	16b. KIND OF BUSINESS/INDUS				
	N/A	N/A				N/				
Alfred O'Grenville	e Buckley				18. MOTNER'S NA Helen				ra Hi	111
19a. INFORMANT'S NAME (Type/Print) Helen H. Buckley		195. MAILIN	e ADDRES	ss (Street	Ave., Hya	Route Number, ttsvil	City or Town	n, State, Zip MD	20782	2
20a. METNOD OF DISPOSITION 1								kvi1		
COREY CHAMBERS	uffer	eration			AND ADDRESS OF FA	GILTY 9	901 M			
(orget yu	mores	-		-		kville				3395
23. PART I. Enter the disease, or co shock, or heart fallure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Immaturit	y	i I		nt death a				rest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Incompet	Competent Cervix UE TO (OR AS A CONSEQUENCE OF):								
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):							
PART II. Other significant conditions	contributing to deeth i	out not reaulting	In the u	underlyl	ng ceuse given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						_ 1	YES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
									res	sults pend.
	HOSPITAL:	patient 3 □ DOA	OTHE	ER:	me 5 Residence					
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TI		28c. IN	JURY AT	28d. DESCR		JURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation	N/A	N/.	A M	1 🗆	YES 2 X NO	N	/ A			
3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY building, atc. (Spe N/A	f — At home, ferm cify)	, street, fac	ictory, offi	ice	28f. LOCATION City or To	ON (Street a lown, State) N/A	nd Number	or Runal A	oute Number,
29a. CERTIFIER (Check only one)										
2 MEOICAL EXAMINER:	On the basis of exemination	on and/or investigat	lon, In my	opinion,	death occured at the	time, date end	i place, and	due to th	e cause(s)	and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	00/				29c. LICENSE NUN	105	0	29d. DAT		(Month, Day, Year) PR. 8, 1993
DR. ALAN ROSS, 906				AITH	ERSBURG.	MD	2087	77–13	01	
31. DATE FILED (Month, Day, Year) APR 21 1993	32. REGISTRAR'S SIGN									

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit perm be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to bunial, cernation, or removal.

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FOR

1 - STATE REGISTRAR		SIMIE OF I	CE	ERTIF	ICAT	E OF	DEAT	TH	MENIA	REG. NO.	_		
1. DECEDENT'S NAME (First William		rane							MON	E OF DEATH		YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	t birthday)		ER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTN	PLACE (State or Foreign
213-10-808	35	1 X M 2 F	85	YRS.	MONTHE	DAYS	HOURS	MPN.	4/	8/1908		Country	Md
9a. FACILITY NAME (If not in	stitution, give s	street and number)			9b. Cl	TY, TOWN O	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATN
l Stayman (Çat	onsvi	lle			Ba1	Ltimo	re
RESIDENCE OF DEC	10b. COUNT	Y		10c. CIT	y. TOWN	OR LOCAT	HON						10d. INSIDE CITY
Md	Ва	altimore			_	onsv							LIMITS?
100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY?													
1 Stayman Court 21228 USA													
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER I FORCES? 1 YES			YES 2 XN	2 NO If yes, specify Cuban, Maxican, P			n, Puerto	ORIGIN? (Specify Yea or No. 14. RACE — Americ			y:		
15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed	16a. 0E	CEDENT'S	USUAL	OCCUPATIO	N et of upotion		16	b. KINO OF BUS	SINESS/IND		WIIILC
Elementary/Secondary (0		College (1-4 or 5	+) life.	Do NOT us	e retired	Supe				C4.	vil S	' o werd	
17. FATHER'S NAME (First, M	iddle, Last)		riali	Lella	псе	Supe			NE (5)-1	Middle, Maiden		ervi	.ce
John Cornel	,	irrane					_	Hai			Surname)		
19a. INFORMANT'S NAME (7			198	. MAILING	ADDRE	SS (Street a				nber, City or Town	n Stata 7in	Code	
Winifred Bir	rane									ville,		212	28
20a. METHOD OF DISPOSIT	n 3 🗆 Rem	oval from State	20b. PLACE A cemetery, crea	matory or ot	her place	OSITION (Na	me of		DAT		CATION —		
4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSEE	Loudo	on Pa		2. NAME AN	D ADDRES	SS OF FA		22/93	Bal	timo	re, Md.
· Cata	1	1.0 Da	N			Ster1	ling	Asht	ton :	Funeral			The second second
23. PART I. Enter the d	Iseasea, or	complications the	t ceused the de	ath. Do n	ot ente	736 F	dmon	ng. suci	AV	enue	Balto	Md	21228 Approximate
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. ASA CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other algorifica	nt condition	s contributing to	death but not re	eaulting i	n the u	underlying	ceuse g	jiven in	Part i.	24s. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		-	ОТНЕ		ACE OF O	EATH (Chi	ick only o	ne)			
1 TYES 2 NO		1 Inpatient 2			4 🗆 Nu	ursing Home	5 X Re	sidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATN 1 Natural 5	Pending	28a. DATE OF (Month, D.		28b. TIME INJU		28c. INJU	RIC?	1 1	28d. DE	SCRIBE HOW IF	NJURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be 28a. PLACE OF INJURY — Al home, larm, street, factory, office 28i. LOCATION (Street and I					nd Number	lumber or Rural Route Number,							
4 Nomicide	determined	banony,	with (Openiny)						City	or Town, State)			
		CIAN: To the best of R: On the basis of es											and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, D						(Month, Day, Year)							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27				D129			67 > 4			4/10	1/93		
. /		5800				AVE	. /	BAL	70	MJ.	2120	25	
31. DATE FILED (Month, Day			A'S SIGNATURE					_					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

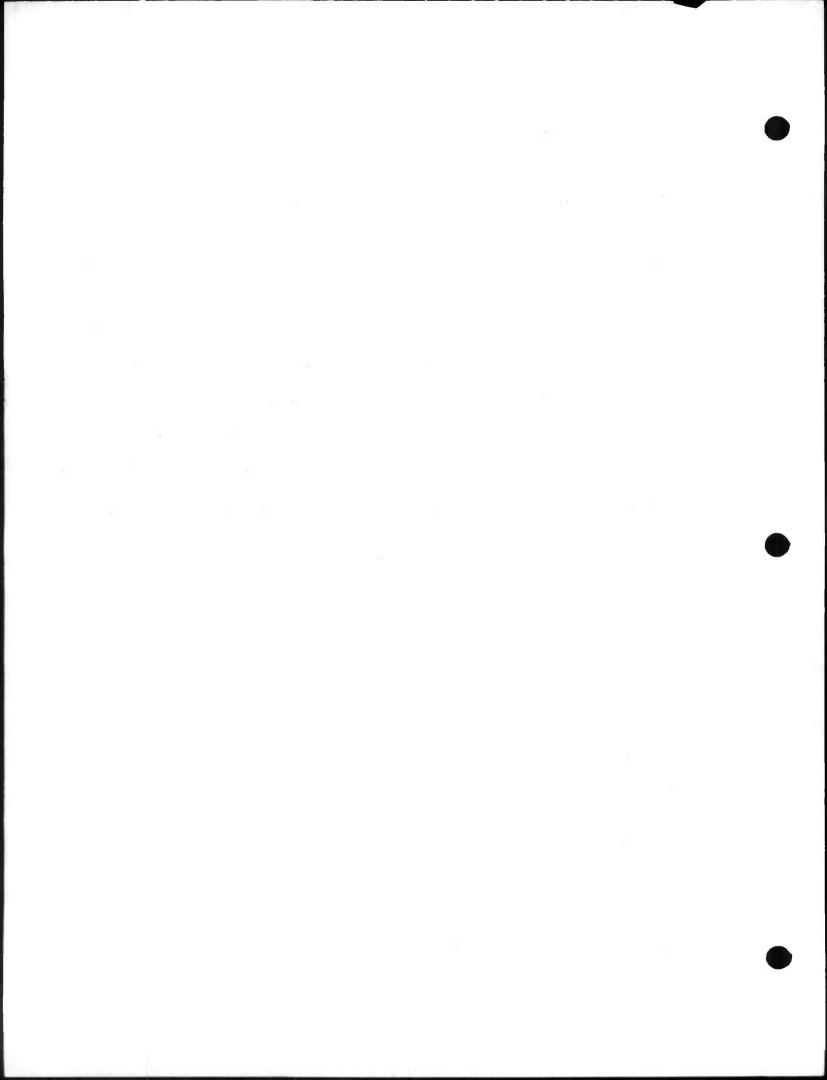
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

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		1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF QEATH REG, NO.											
		1. DECEDENT'S NAME (First, Middle, Last) BANKS (JUHNGW) 2. DATE OF DEATH MONTH BY 93 320 PM											
pp		4. SOCIAL SECURITY NUMBER S. SEX B. AGE (In yrs. leat birthday) F UNDER 1 YEAR F UNDER 24 HRS. T, DATE OF BIRTH (Bighth, Day, Vey) Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN											
1, 2, 3 should	CTOR	LIBERTY MEDICAL CENTER BALTIMORE CITY											
Pages	DIRE	10a. STATE 10b. COUNTY 10c CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1. YES 2 NO											
an. ransit permit.	FUNERAL	100. STREET AND NUMBER 2007 FAIRVIEW AVE. 407. B 101. ZIP CODE 109. CITIZEN OF WHAT GOUNTRY? 21215											
5-0020 nding physician. is the burial-transit	BY FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 1 Never Married 2 Married 1 TYES, GIVE WAR OR DATES 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No— Black, White, etc.) 1 Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 NO Specify:											
2121 al or atte for use a	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Specgdary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Dy NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY											
YLAND 2 by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Mickille,											
MAR retained 5 should notlfied	TO BE	196. DECRIMANT'S MAME (TyperFried) 196. MAILING ADDRESS Signet and Number or Rural Route Number, City of Town, State, Zip Code) 2033 KALINED PLATEUROR or NOTO 11016											
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20s. METHOD OF DISPOSITION 1 Source 2 Crampation 3 Permoval from State 2 Donation 5 State (Specify) 20b. P. ACE 4ND DATE OF DISPOSITION (Name of DATE) 20c. LOGATION — City or Town, State 20c. LOGATION — City or Town, State											
0 = 0		21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAVE AND ADDRESS OF FACTOR CHTUNERAL HOME TA, 270 FRETTING TO THE TAIL TO THE											
hours at ed in by or remo		23. PART I the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory arrest, about, or heert fellure. List only one cause on each line. IMMEDIATE/CAUSE (Final											
760, ed within 3 ompletely al, crematis		disease of condition resulting in death) a. DEOMONIA OUE TO (OR AS A CONSEQUENCE OF): TO COMO TO CO											
OX 68 be execusively be execused and and and and and and and and and an	SATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING b. THE PART OF THE											
nding Hygies or oth	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. CHRONIC REVAL FAILURE											
E Me d		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE											
REC v require been sig t, of Hea	N: MEDICA	1 YES 2 NO OF DEATH? 1 YES 2 NO											
一年 書書	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1											
VISION OF VITABLE ATTENDING PHYSICIAN: ECTOR: After this certifical after death with the St. 128 is marked, or it.	ву Рн	27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY (Month, Day, Year) 28c. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. OESCRIBE NOW INJURY OCCUREO											
DIVISION OR ATTENDING F DIRECTOR: After t hours after death item 28 is mar	LETED	3 Suicide 6 Could not be 4 Nomicide determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. CERTIFIER And Communication of the control of t											
₹ 4 C =	COMPLET	(Check only 1 CENTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.											
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER, 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Dey, Veet) 44-8-93 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
_		SHER A HASHIII 2660 WBOXII HEIGHT AVE BALTIJORE 31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE											
6		APR 21 1993 Julia Bavidson-Randelle											

REG. NO.

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DIVISION OF VITAL RECORDS, PIC	9
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	COLTAI OD ATTENDIAIS DUNCICIAM: The last coordines that the dead

FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR BEARD 4 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 12-30-1924 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2XXF HOURS Maryland 219-10-9036 use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 7913 35th St Baltimore Rosedale 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore Rosedale 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7913 35th St 21237 USA ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married X Married FORCES? 1 YES X2 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

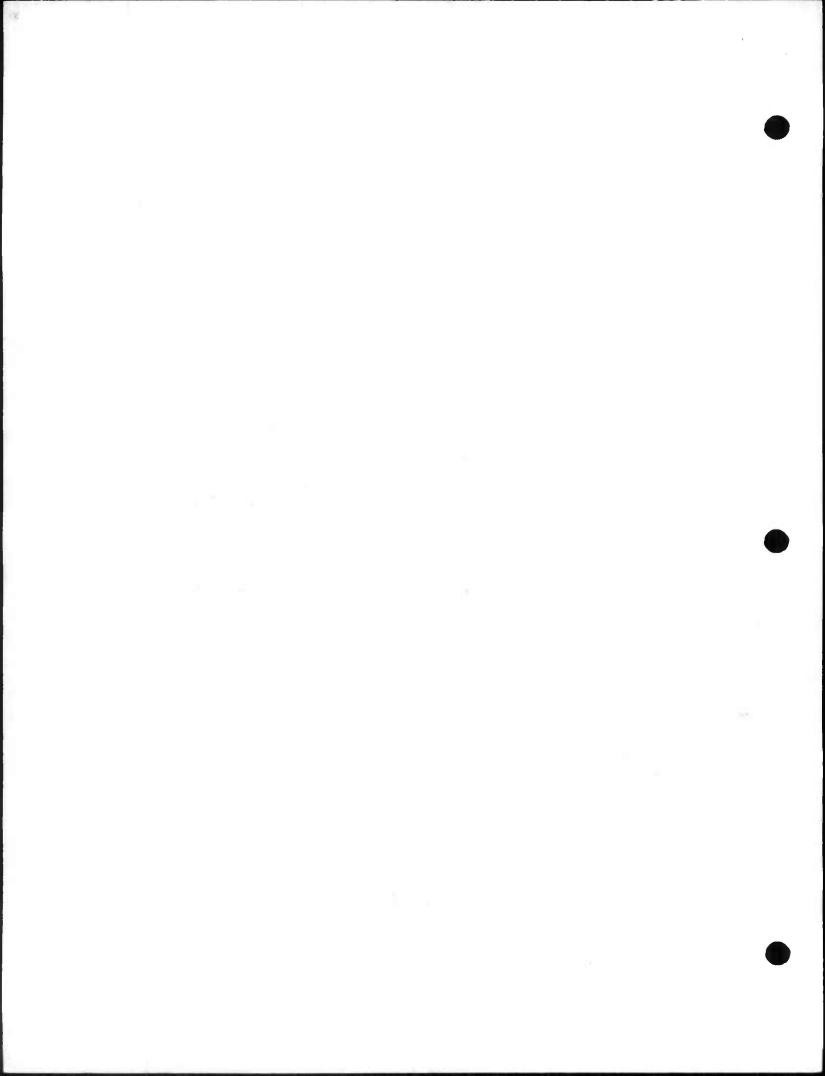
1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest jo Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. director, page 5 should be detached U.S. Government Chemist 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Charles Edwin Schellhas Edith Patterson BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 7913 35th St. Baltimore, Md. 21237 Harry O. Beard pe 20s. METNOD OF DISPOSITION
KIX Burtal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must · Nebo Cemetery 4-21-93 Delta, Pa. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Lassahn Funeral Home the funeral Jassalw Feererel Lam E 7401 Belair Rd. Balto., Md. 21236 medical filled in by t 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel **Onset and Death** is and completely fille or to burial, cremation, 静 disease or condition resulting in death) uted within or other traumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST CICOTALE the atten shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS signed by the Health and N MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? has been s Dept. of H n 23 show 1 TYES 2 TANO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) tem certificate I HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ne 5 (Hasidence 8 (Other (Specify) 4 Nun 6 the 28s. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED death with 1 marked, 1 Natural 5 Pending investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 65 COMPLETED 8 Could not be 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A 4 Homicide Item 28 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL
TO THE FUNERAL (
De filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the be realigation, in my opinion, death occured at the time, data and place, and dus to the cause(s) and manner as stated, 296. SIGNATURE AND TITLE, OF CENTIFIER 29c. LICENSE NUMBER 15/45 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, A (550 - 0545)Peter Terry M. D. Johns Hopkins Asthma & Allergy Bldg. Baltó. 39. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) APR 2 1 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-18 Rev 1/89



		HEGISTHAR		CERI	IFICATE	OF DEATH	REG	. NO.				
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA		3. TIME OF DEATN			
		ALICE P		BYNUM			04		993			
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth	MONTHS	1 YEAR IF UNDER 24 HRS	784 D		BIRTHPLACE (State or Foreign Country)			
P		220-05-8089	0	BALTIMORE, MD.								
3 should	-	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN										
2, 3	DIRECTOR	1100 PENNSYLVANIA AVE BALTIMORE										
85 —		10a. STATE 10b. COUNT	Y	100	CITY, TOWN O	B I OCATION			I II I I I I I I I I I I I I I I I I I			
Pages	E I	MD.		1.00		BALTIMORE C	TTY		10d. INSIDE CITY LIMITS?			
permit.	1	10s. STREET AND NUMBER				101. ZIP CODE	111		1 YES 2 NO			
	FUNERAL				11 4 0 5 0			A	EN OF WHAT COUNTRY?			
020 physician. burial-transit	뿔	1100 PENNSYLVANI		ON TOWERS		21201			SA.			
020 physician burial-tra		1 Never Married 2 Married	FORCES? 1	YES 2 NO	11	MAS DECENDENT OF NISI I yes, specify Cuban, Max	ican, Puarto Rican, el	fy Yea or No — 1-	4. RACE — American Indian, Black, White, etc.			
- Pe 19	B	3 X Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES	1	☐ YES 2 NO Spe	clfy:		Specify:			
215-0 attending se as the	G	15. DECEDENT'S EDU		16a. DECEDE	IT'S USUAL OC	CCUPATION	16b, KIND C	F BUSINESS/INDUS	BLACK			
2121 al or att for use		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	We Do M	l of work done d IT use retired.)	furing most of working						
Spita hed 1	릴				ISTRESS	5	CHARL.	CHARLES GLICK DRAPERY & UPHOLSTE				
AND the hospital detached fo	COMPL	17. FATNER'S NAME (First, Middle, Last)					NAME (First, Middle, N					
2 8 8 K	l w l	WILLIAM H. P	ATTERSON			MARY	H. PAT	TERSON				
MAR retained 5 should notified		19a. INFORMANT'S NAME (Type/Print)		19b. MAI	ING ADDRESS	(Street and Number or Run	al Route Number, City	or Town, State, Zip C	ode)			
be rett	임	MARY MYERS				EVILLE AVE.						
IORE, e 6 may b ector, page must be		20a. METHOD OF DISPOSITION		20b. PLACE AND D				c. LOCATION — CH				
		WigBuriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	MT . 7.1()			BALTIMORE, MD.					
Page al direc		21. SIONATURE OF FUNERAL SERVICE LICENSEE MT. ZTON CEMETERY BALTIMORE, MD. 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A.										
ALTIN death. Pag e funeral dir L. examiner		De la la la la la la la la la la la la la	1	Wan)]](DSEPH H. BK	OWN JR.	FUNERAL I	HOME, P.A.			
B) after of the removal.		23. PART I. Enter the diseases, or o		YYY	19	13 W. BALTIMO	DRE ST. BAL	10. MD. 21:	223; P.O.BOX 4433			
760, ed within 24 hou ompletely filled is is, cremation, or event, the me		ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	immediate cause (Final disease or condition — Conglettine Heart Fairbank 2 mitted Therefore and Deeth Due to grass a conscouence of: Sequentially list conditions,									
BOX 68 icate be execut physician and c pe prior to buni er traumatic	FICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
S, P.O. death certif e attending lental Hygier ury, or oth	CERTII	resulting in death) LAST										
1 音音音	EDICAL	PART ii. Other significant condition	e contributing to d	leath but not result	ng in the und	derlying ceuse given	n Part i. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO			
S = S = 8	음							ES 2 1 NO	COMPLETION OF CAUSE OF DEATH?			
	ME								1 YES 2 NO			
	ä						_					
N: The law ficate has State Depr	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF OEATH (Check only one)					
SICIAN: The Certificate the State	ls.	1 - YES 2 - NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3 🗆 DO	OTHER	ing Home 5 Hasidenc	e 6 ☐ Other (Specif))				
O 분류투형	ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	NJURY (Year)	TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	26d. DESCRIBE	IOW INJURY OCCU	RED			
DIVISION OR ATTENDING I DIRECTOR: After hours after death tem 28 is man	ETED I	3 Suicide 6 Could not be detarmined	28a. PLACE OF building, et	INJURY — At home, ta tc. (Specify)	m, streat, facto	ery, office	28f. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,			
HOSPITAL OR A FUNERAL DIREC WITHIN 72 hours TANT: If Item	COMPLE					ne, data and place, and d			cause(s) and manner as stated.			
TO THE HOSEN TO THE FUNER De filed within 7	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		1		29c. LICENSE N	UMBER		SIGNED (Month, Day, Year)			
₽ ₽ 2 X	2	30. NAME AND AGORESS OF PERSON WHO		OF DEATH (ITEM 27)	ype, Print)	* D20		144	119193			
		31. DATE FILED (MONTH, Day, Year)		Batti	mine	mo 21217	- 50F	PLA M.	Superity hit			
4		ADD 2.1 1993	Grana David	Sol Market								
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ENDING	R. Alba	# H
OR ATT	DIRECT	tem 21
SPITAL	VERAL I	AT: H
THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	THE FUNERAL CHRESTOR: After this centificate has been signed by the attending physician and competery filter in by the tuneral director, page 5 should be detected by the fundamental competers of the competers o	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumans event, the medical examiner must be notified at once.
2	P	IM

1. DECEDENT'S NAME (Fire		EROY BROO	KINGTON	SR.				- 3	2. DATE OF DEATH		YEAR	a. TIME OF DEATH 6:35 p	
4. SOCIAL SECURITY NUM	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yes.						IF UNDER	De lette.	7. DATE OF BIRTH		8. 80077	PLACE (State or Femilian	
218-36-699		1 <u>*</u> M 2 F	52	YRS.	MONTHS	DAYS	HOURE	MIN.	8/3/40		Country! S.C.		
SINAI HO		treet and number)			SE. CITY, TOWN OR LOCATION OF DEATH BALTIMORE					9e. CO	IE. COUNTY OF DEATH		
RESIDENCE OF DE	CEDENT 10h, COUNTY									-			
SINAI HOS PRESIDENCE OF DE 10a. STATE MD	19th. COUNTY			10e. CIT	BALT							10d. INBIDE CITY LIMITE? 1 X YES 2 NO	
10e. STREET AND NUMBER 516 ROCKL' 11. MARKETAL STATUS	1						ZIP COD			10a. Cr	TIZEN OF Y	WHAT COUNTRY?	
516 ROCKLY	YN AVE					1	2120				U.S.A		
11. MARKTAL STATUS 1 □ Never Married 2 □ 3 ♥ Widowed 4 □ Div		FORCES?	T EVER IN U.S. ARE VES 2 TO MAR OR DATES	ARMED 13. WAS DECEMBENT OF HIS				rs, Mexica	n, Puerto Rican, etc.)	s or No-	14. RACI	E — American Indian, k, White, etc.	
15. DE (Specify or Elementary/Secondary	CEDENT'S EDU- bly highest grade (0-12)	CATION completed) College (1-4 or 5	/0/	CEDENT'S we kind of a On MOT as	SPSUAL O work done se retired)	during me	ON SE of working	ng	Ma. KIND OF SU	ISINESS/IN	HOUSTRY		
17. FATHER'S HAME (First, I	STORES OF STREET						111000000000000000000000000000000000000		ME (Peur, Missie, Maisse E BROCKING			17	
CAROL BROO		ON	190						MORE, MD				
	CAROL BROCKINGTON 20a. METHOD OF DISPOSITION 150 Burlas 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) ARBU					SITION /No	me af		DATE 20c. Li	OCATION -	- City or To		
4 □ Donation 5 □ Othe							4 ADDRE	/12/9		RBUT	US MI)	
1.8	21. BIGHATORE OF FUNERAL SERVICE LICENSEE						ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE, MD 21217 death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximately Appro						
Sequentially list condi- if any, leading to immi- cause, Enter UNDERLY CAUSE (Disease or In- that initiated events resulting in death) LAS	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST					ONSEQUENCE OF): ONSEQUENCE OF): Labrus inth fur in futtomal a not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPEY						12 hrs. 16 hrs. 2 day y ferr das	
									PERFO	RMED?		MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	-	ACE OF D	EATH /C/s	sck only sink)				
1 YES 20 NO		29a. DATE OF	EN/Outpetient 3	28b. TIM		-	-	esidence	6 🗆 Other (Specify)	the statement for	a de comune		
	Pending Inwestigation	(Month, I			URY	The second of	HK7	NO	284. DESCRIBE HOW	INJURY O	OCUMED		
3 [] Substitute	Could not be determined	28e. PLACE (building.	oF INJURY — At hor etc. (Specify)	ne, farm,	street, fact	iory, offic	•		281. LOCATION (Street City or Town, State	and Number	er or Rural I	Route Mumber;	
									to the cause(s) and me time, data and place, a			a) and manner as stated.	
JULY SIGNATURE AND TITL	Bedi,	MD -	Surgey	Run	den		29c. LIC	ENSE NUN	BER	29d, DA	TE SIGNED	(Month, Day, Year)	
30. MANIE AND ADDRESS (AV L 31. DATE FILED (Month, Day	C. By	EDI D	EPTT. OF			RY,	SIN	AT H	WSPITAL,	BALT	TIMO	KE, MD.	
APR 2 1 198	13 gr	ma handon	門部建設										

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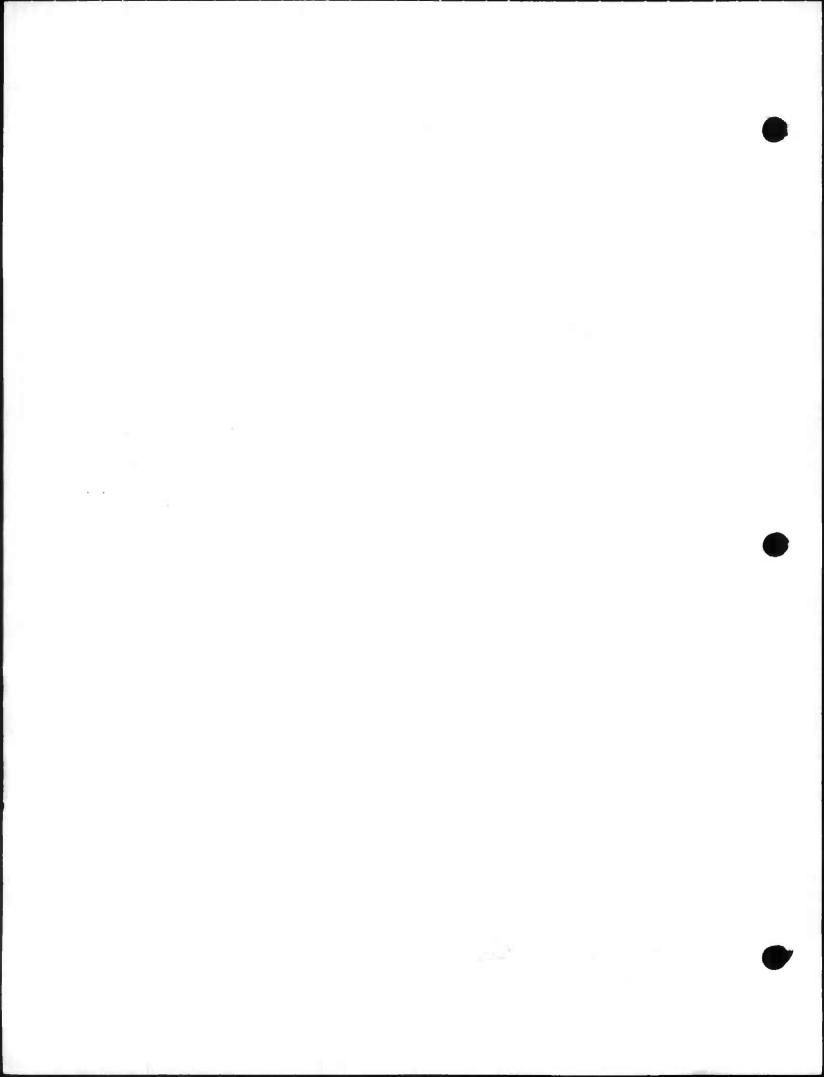
	1 - STATE REGISTRAR	OIRIE OF MIAIT			ICATE O			MCHIAL	REG. NO	- 1		
1	1. DECEDENT'S NAME (First, Middle (ast)	BABNE			ria Bai		# D	.2. DATE	OF DEATH	MY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 2 (7 - 27 - 127)	5. SEX 0. AV	GE (In yrs. lest	t birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE (OF BIRTH /	2 -		IPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	reet end number)	00		9b. CITY, TOW	N OR LOCATI	ION OF DE	EATH /	3/	9c. COUN	TY OF O	EATH
6	Good Samaritan Hospital Baltimore											
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION			_			10d. INSIDE CITY
	Md.				Baltimo	re						LIMITS?
3AL	100. STREET AND NUMBER	ollins St.				101. ZIP COD				10g. CITIZ		WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS		70 IN U.O. AD	460	100 1100		1223				US	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1 1 Y IF YES, GIVE WAR OF	ES 2/ N	MED	If yes	ecendent (specify Gube ES 2 NO	on, Mexica	in, Puerto R		s or No-	Afr	
윤	15. OECEOENT'S EOUR (Specify only highest grade		16a, DEC	CEDENT'S	USUAL OCCUP	ATION most of worki	200	16b.	KIND OF BU	SINESS/INO	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	llle.	Do NOT us	se retired.)	most or work	9					
00	17. FATHER'S NAME (First, Middle, Last)	Chimad				18. MOT			liddle, Maider			
BE		Shired —————					Dai	-		ired		
5	19a. INFORMANT'S NAME (Type/Print) Debora Dr	iver	196	2507	Mc Her	ry St	. Ba	Alto.	er, City or Tov Md.	vn, State, Zip 21223		
1	204, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)				of oisposition ther place) S Park	(Neme of 4 / 21	/93	OATE		chutus		
- 5	21. SIGNATURE OF FUNERAL SERVICE LIC		2		22. NAME	ANO ADDRE					_	
	· Cicil (1 000	ed			step 1300						P.A. 1217
	23. PART I. Integrate diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause or	n each line.	ath. Dor	not enter the	node of dy	ing, suc	h as card	iac or reap	iratory arm	est,	Approximate interval Between Onset and Death
	resulting in death)	DUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions,	OUE TO (OR A	RE:	spin	Arony	1 015	MES	ss (ZYNTO	neory	٤	1
ATIC	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR A	S A CONSEC	UENCE O	FI: DCAGA	. 0	noca	1-66				
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEC	UENCE O	F):	10	(> 21	122				
ERT	resulting in death) LAST	d										
LC	PART ii. Other significant condition	s contributing to deat	h but not re	suiting	in the underly	ing cause	given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL									PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME									_		ŀ	0F DEATH? 1 ☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF C	EATH (Ch	eck only one)			
ΗX	1 YES 2 NO 27. MANNER OF OEATH	1 Inpatient 2 ER/C		DOA 28b. TIM	4 Nursing F	ome 5 R	esidence					
	1 Netural 5 Pending	(Month, Day, Yes			IURY	WORK?	NO NO	28d. 0E\$	CHIBE HOW	OCC YRULMI	UREO	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJU	JRY — At hor	ne, ferm, i				281. LOCA	TION (Street	and Number	or Aurel F	Poute Number,
E E	4 Homicide determined	building, etc. (5	sреспу)					City o	r Town, State)		
29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.												
MPL	(Check only CERTIFYING PHYSI) and manner as stated
COMPLETE	(Check only CERTIFYING PHYSI	R: On the basis of examina				, death occu	red at the	time, date		nd due to the	cause(e	
BE	(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examina				, death occu		time, date		29d. DATE	cause(e	(Month, Day, Year)
w l	(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	R: On the basis of examina	etion end/or is	rwestigatio	on, in my opinio	29c. LIC	red at the	ttme, date	and place, a	29d. DATE	SIGNEO	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. **BALTIMORE, MARYLAND 21215-0020**

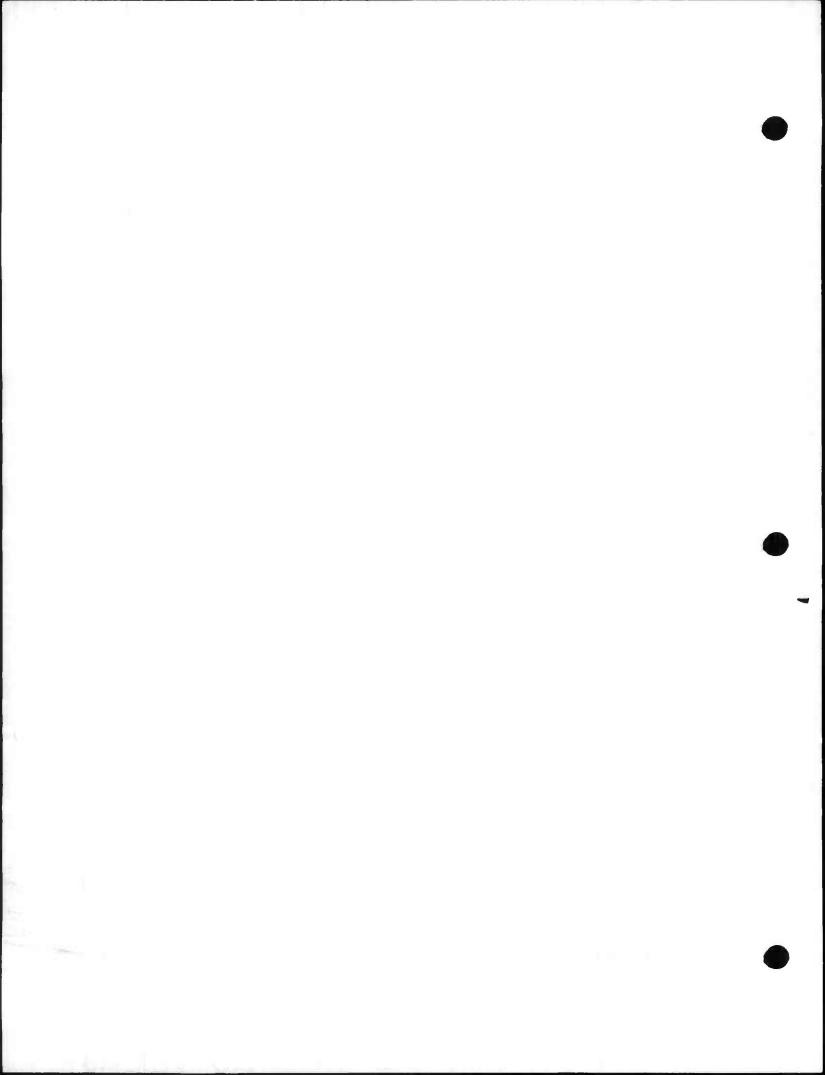
DIVISION OF VITAL RECORDS, P.O. BOX 68760,



	REGISTRAR		CERTIFIC	CATE OF D	EATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				 :	2. DATE OF DEATH		3. TIME OF DEATH			
-,2	Barbara Buckm	an				0.4 1	6 9	3 0849a			
21	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH					
					OURS MIN.	(Month, pay, Year) 02-26-	Cr	RTHPLACE (State or Foreign puntry)			
	427-84-9294	1 DM 2 GF	60 YRS.			02-26-	33 Phi	ladelphia, M			
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
E E	Washington Adventist Hospital Takoma Park Montgomery										
IK	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	TY	10c. CITY, 1	TOWN OR LOCATION	N ·			10d. INSIDE CITY			
1 5	MD Pri	nce George:	s Hva	ttsvill	е			LIMITS?			
	10e. STREET AND NUMBER		1					1 TES 2 NO			
FUNERAL	The state of the s	ا		101. Z	20783		10g. CITIZEN C	OF WHAT COUNTRY?			
9	6500 Riggs Ro	ad			20/83			USA			
5	11. MARITAL STATUS	12. WAS OECEDENT EVER	N U.S. ARMED	13. WAS DECEN	DENT OF NISPA	NIC ORIGIN? (Specify Yes	or No- 14. R	ACE - American Indian,			
	1 Never Married 2 Married	FORCES? 1 YES	ATES ZNO		ly Cuban, Mexica X NO Specif	in, Puerto Rican, etc.)		pecity: Black			
BY	3 🕅 Widowed 4 🗌 Divorced				A, ito open		, and	padily. DIUCK			
0	15. DECEDENT'S EDI		16a. DECEDENT'S US	SUAL OCCUPATION		16b. KINO OF BUS	LINESS/INDUSTR	Y			
E	(Specify only highest grad		(Give kind of world)	k done during most a	of working		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1 2	12 Yrs	College (1-4 or 5+) None	Domes					34-			
2											
COMPLETED	17. FATHER'S HAME (First, Middle, Last)	ales			B. MOTHER'S NA	ME (First, Middle, Maiden 11ar Jo	Sumame) hnson				
l w	Benjamin Sea	ites			E	itai Ju	mison				
B	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING A	ODRESS (Street and	Number or Rural	Route Number, City or Tow	n, State, Zip Code)			
2	Matilda Kirkla	and	914 Li	ppert Ro	ad, NE,	Canton, 0	hio 447	704			
	20s. METHOD OF DISPOSITION										
	1 Burist 2 Cremetion 3 Ran		b. PLACE AND DATE OF I			3	CATION - City o				
	4 Donation 5 Other (Specify)	[G]	enwood Cer	metery	4/2	22/93 Wash	ington	, DC			
. 1	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE		22. NAME AND	ADDRESS OF FA	CILITY John T	Rhines	Co., Inc.			
3	- Janel	A DX		M	14	3030 12th					
- 22	8	-eun	mee	1	_/			DO 20017			
	23. PART I. Enter the diseases, or shock, or heart fellure.	Complications that cause List only one cause on a	d the deeth. Do not	enter the mode	of dying, suc	h as cerdiac or reepi	retory errest,	Approximete			
	IMMEDIATE CAUSE (Final							interval Between Onset and Death			
	disease or condition	Acute	Carriop	ulmin	A A	m mt		14/16/01			
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF:	C4 194 12	27	11 60.		1101.3			
_	_	. Acrte	DILL					4/11/19			
CERTIFICATION	Sequentially list conditions,	0.	A CONSEQUENCE OF):					0/101:			
F	if any, leading to immediate cause. Enter UNDERLYING	1.00	A CONSEGUENCE OF):					j			
<u> </u>	CAUSE (Disease or injury	c HOP									
쁜	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
E	resulting in death) LAST	a HJ(VI)					1			
2											
DICAL	PART il. Other significant conditio	ne contributing to death i	out not resulting in	the underlying o	euse given in			24b. WERE AUTOPSY FINDINGS			
$ \bar{S} $	CHU					PERFOR	11	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ш						1 7ES 2	400	OF DEATH?			
Σ						_	- 1	1 TES A NO			
ä											
	25. WAS CASE REFERRED TO MEDICAL				E OF DEATH (Ch	eck only one)					
8	FYAMINER?. A			THER:							
SICIAN	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out	patient 3 🗆 DOA 4	Nursing Home	5 Residence	@ Other (Specify)					
HYSIC!		1 Inpatient 2 ER/Out	28b. TIME C	Nursing Home 28c, INJUR			VILLIBY OCCUBE)			
PHY	1 TES 2 NO	1 Inpatient 2 ER/Out	28b. TIME C	OF 28c. INJURY	Y AT	e U Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURED				
PHY	1 TYES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Jear)	28b. TIME C	OF 28c. INJUR WORK M 1 YES	Y AT	28d. DESCRIBE HOW II					
ВУ РНУ	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME C	OF 28c. INJUR WORK M 1 YES	Y AT	28d. DESCRIBE HOW II					
ВУ РНУ	1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Ser) 28a. PLACE OF INJURY 28a. PLACE OF INJURY	28b. TIME C	OF 28c. INJUR WORK M 1 YES	Y AT	28d. DESCRIBE HOW II					
ВУ РНУ	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	1 inpetient 2 ER/Out 28a. DATE OF INJURY (Morth, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spp	28b. TIME C INJUR 7 — Al home, farm, stre	OF 28c. INJURY WORK 1 YES	Y AT	28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State)	and Number or Ru				
ВУ РНУ	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	28a. DATE OF INJURY (Morth, Dey, Year) 28a. PLACE OF INJURY building, etc. (Sop	28b. TIME C INJUR 7 — Al home, farm, strecity riedge, death occurred a	OF 28c. INJURY WORK 1 VES set, factory, office	Y AT ? 5 2 NO d place, and due	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,			
ВУ РНУ	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	1 inpetient 2 ER/Out 28a. DATE OF INJURY (Morth, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spp	28b. TIME C INJUR 7 — Al home, farm, strecity riedge, death occurred a	OF 28c. INJURY WORK 1 VES set, factory, office	Y AT ? 5 2 NO d place, and due	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,			
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BE COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28a. DATE OF INJURY (Month, Gey, ber) 28a. PLACE OF INJURY building, etc. (Spe	28b. TIME C INJUR 7 — Al home, farm, strectify riedge, death occurred a	DF 28c. INJURY WORK M 1 YES eel, factory, offica at the time, data an	AT PART NO NO NO NO NO NO NO NO NO NO NO NO NO	281. LOCATION (Street a City or Town, State) 10 the cause(a) and man time, date and place, an	and Number or Ru	ral Route Number, se(a) and manner ea stated. NED (Month, Dgy, Year)			
E COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER	28a. DATE OF INJURY (Month, Gey, ber) 28a. DATE OF INJURY (Month, Gey, ber) 28a. PLACE OF INJURY building, etc. (Spe BICIAN: To the best of my know ER: On the basia of examination	28b. TIME (CINJUR f — Al home, farm, strectly) riedge, death occurred an and/or investigation,	OF Y 28c. INJURY WORK 1	y AT ?? 2 NO d place, and due h occurred at the sc. LICENSE NU	281. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an ABER	ond Number or Ru	rel Route Number, se(a) and manner ea stated, NED (Month, Day, Year) [6] [7]			
BE COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WI	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Gey, ber) 28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sop BICIAN: To the best of my know ER: On the basia of examination	28b. TIME (CINJUR f — Al home, farm, strectly) riedge, death occurred an and/or investigation,	OF Y 28c. INJURY WORK 1	y AT ?? 2 NO d place, and due h occurred at the sc. LICENSE NU	281. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an ABER	ond Number or Ru	rel Route Number, se(a) and manner ea stated, NED (Month, Day, Year) [6] [7]			
BE COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WI	28e. DATE OF INJURY 28e. DATE OF INJURY (Month, Dey, Men) 28e. PLACE OF INJURY building, etc. (Sop BICIAN: To the best of my know ER: On the bests of examination R HO COMPLETED CAUSE OF DI	28b. TIME C INJUR I — Al home, farm, stre City) riedge, death occurred an and/or investigation,	OF Y 28c. INJURY WORK 1	y AT ?? 2 NO d place, and due h occurred at the sc. LICENSE NU	281. LOCATION (Street a City or Town, State) 10 the cause(a) and man time, date and place, an	ond Number or Ru	rel Route Number, se(a) and manner ea stated, NED (Month, Day, Year) [6] [7]			
BE COMPLETED BY PHY	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WI	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Gey, ber) 28a. PLACE OF INJURY 28a. PLACE OF INJURY building, etc. (Sop BICIAN: To the best of my know ER: On the basia of examination	28b. TIME C INJUR (— Al home, farm, strectly) riedge, death occurred on and/or investigation, EATN (ITEM 27) (Type, Pr	OF Y 28c. INJURY WORK 1	y AT ?? 2 NO d place, and due h occurred at the sc. LICENSE NU	281. LOCATION (Street a City or Town, State) to the cause(a) and mar time, date and place, an ABER	ond Number or Ru	rel Route Number, se(a) and manner ea stated, NED (Month, Day, Year) [6] [7]			

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



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igned by the attending physician and completely filled in by the funera	OE.

BALTIMORE, MARYLAND 21215-0020

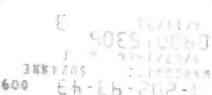
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR	_			CERTIF	ICALE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (Firs	, Middle, Last)							2. DATE	E OF DEATH	v	YEAR	3. TIME OF DEATH
	SUZANNE		COWICZ CE						04	J. : 1		1993	4: 10 p *
	4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.		IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		Country	PLACE (State or Foreign
	220-56-003		1 M 2 💢 F	26	YRS.	YRS. MONTHS DAYS HOURS MIN. 09			09/	9/07/66 Maryland			yland
~	9a. FACILITY NAME (# not institution, give street and number)					9b. CITY,	TOWN	OR LOCATION OF D	EATH		9c. COU	INTY OF D	EATH
0	HE J	HNS HO	PKINS HO	<u>SPITAL</u>		BALT	IMO	RE CITY			RAI .	TIMOR	E CITY
DIRECTOR	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	TION				1	10d. INSIDE CITY
E	Md.	Howar	d.		El	licot	t c	itv					LIMITS?
	10e. STREET AND NUMBER						_	f. ZIP CODE			10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	3179 Pine	Orchar	d Lane, A	pt. 20	02			21042				US.	A
3	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S.	ABMED	13. W	AS DEC	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yee	or No-	14. RACE	— American Indien,
BYF	1 Never Merried 2 4		FORCES? 1		Mo			ecify Cuben, Mexico 2 X NO Speci		Rican, etc.)		Black Specif	
													white
COMPLETED		EDENT'S EDUC y highest grade		16a.	(Give kind of	work done di			166	b. KIND OF BUS	SINESS/INI	DUSTRY	-
7	Elementary/Secondary (3-12)	College (1-4 or 5+)	ille. Do NOT us				75	10 m d 0 mm	Co-		Dank
M	17. FATHER'S NAME (First, A	Madelle (a - A)	4 +		Accou	ntant	,			lastern		ruga	Bank
	Robert F.		ice					18. MOTHER'S NA		Melone			
B	19a. INFORMANT'S NAME (102		105 MAII INC	ADDDFOO	(0)						04010
2	R. Keith C				3179	Pine	Or	chard La	noute Num	Apt. 2	n, State, Zi 202 ,	Elli	Md. 21042 cott City,
	20s. METHOD OF DISPOSIT	ION			CE AND DATE	OF DISPOSI			DAT			City or To	
	4 Donation 5 Other	(Specify)	oval from State	Meac Meac	crematory or o	ther place)	mor	ial Park	4/1	7 Elk	ride	e. M	aryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENGE /	7		22. N	IAME A	ND ADDRESS OF FA	CILITY				
	· Na	40	7. Lou	Anne	n			. Kaufma lain St.					4 01007
	23. PART I. Enter the d	lsesses, or o	omplications that	caused the	death. Do r	not enter	the mo	da of dying, auc	ch an car	diac or reapl	ratory ar	reat.	d 21227
	shock, or h IMMEDIATE CAUSE (Fi	aar billure.	List only one caus	se on each l	line.					The Paris			intarval Between Onset and Daath
	disease or condition		Acura	E 1 4	upila	41.	0	1 = 110	u . Λ.				10 MONTHS
	resulting in death)			OR AS A CON				LCOKE	1 (10)				10 HON (H)
z			h										
CERTIFICATION	Sequentially list condit if any, leading to imme	diate	DUE TO (DR AS A CON	SEOUENCE O	F):		· -					
5	cause. Enter UNDERLY CAUSE (Disease or inju		c										
E	that initiated events resulting in death) LAS	т.	DUE TO (OR AS A CON	SEQUENCE OF	F):							
5			d										
	PART II. Other aignifice	nt condition	a contributing to	deeth but no	ot reaulting	in the unc	ierlyin	g ceuse given in	Part i.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	PULME	NAR	(ASLEN	LGILL	0515					PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 123 2			OF DEATH?
2													
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL					26. PL	ACE OF DEATH (C)	neck only o	ne)			
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		e 5 🗆 Reeldence	6 🗆 Oth	er (Soncify)			
١ۼ	27. MANNER OF DEATH		28a. DATE OF I (Month, Da	NJURY	28b. TIM	E OF	28c, INJ	URY AT		SCRIBE HOW II	JURY OC	CURED	
BY		Pending Investigation	(Monan, Da	y, 1001)	ling.	URY M		YES 2 NO					
	3 Suicide a	Could not be	28e. PLACE OF	INJURY — At	home, ferm, s	street, facto	ry, offic	•		CATION (Street a	nd Numbe	r or Rural A	loute Number,
Ш	4 Homicide	determined		(0,000,000,000,000,000,000,000,000,000,					Uniy	or lown, State)			
COMPLETED	29e. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of r	ny knowledge,	death occurre	ed at the tin	ne, date	end place, end due	to the ca	use(e) end man	ner as sta	ted.	
2													and manner as stated,
	296. SIGNATURE AND TITLE				-			29c. LICENSE NU				175	(Month, Day, Year)
BE	mila	el C	00	Q?	* Cu	0					>	11/11/11	7
2	30. NAME AND ADDRESS O	F PERSON WHO	O COMPLETED CAUSE	E OF DEATH (I	TEM 27) (Type,	Print)						7/14	17 >
	MICHAEL	T. C	HIN M.	D. PL	. D.	1	HE	JOHN	S	HOPKI	NS	Hos	SPITAL
	31. DATE FILED (Month, Day,	Year)	3 REGISTRAF	'S SIGNATUR	E								
	APR 2 T	1993	V. V. Day	idron-Ac	indell								7



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BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLA		RTMENT OF			MENTA	L HYGIEN REG. NO	-	3	11560
	1. DECEDENT'S NAME (First, Middle, Last)	Frances	I	Louise	Endl	ich		2. DAT	E OF DEATH	AY A	YEAR C	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-07-0409	5. SEX		yrs. lest birthde	MONTHS DAYS	-	MIN.	7. DATE	OF BIRTH	6	Country)	CE (State or Foreign
CTOR	92. FACILITY NAME (If not institution, give sti Francis Scott Ke		e Cen	ıter	96. CITY, TOW	utim				9c. COUN	TY OF DEAT	
DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland	Baltin	nare	10c. C	ITY, TOWN OR LO	ATION	Duni	dalk			- 1	1. INSIDE CITY LIMITS? V
FUNERAL	100. STREET AND NUMBER 1606 Rita Road					or. ZIP COI	DE	21 22:	2		EN OF WHA	t country?
B	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuban, Mexican, Puerto Rican, atc.)								s or No—			
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th Grade 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMARY DESCRIPTION (JUN HOME)											
COMPL	17. FATHER'S NAME (First, Middle, Last)			HO	<u>memaker</u>				Middle, Malden	Surname)	me	
TO BE COM	Frank Puchalski 19a. INFORMANT'S NAME (Type/Print)			1		and Numb		Route Nun	nber, City or Tow		Code)	-
	Price W. Enacion 1606 Kita Koda Vundalk, Maryland 21222 20s. METHOD OF DISPOSITION NEXT Commetter State 20b. PLACE AND DATE OF DISPOSITION (Name of commettery, cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of commettery, cremetory or other place)											
	21. SIGNATURE OF PLYERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundal 7922 Wise Avenue Dundalk, Maryel									ndalk	. Inc.	
AL CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Be onset and disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										Approximate interval Betwee Onset and Deat	
: MEDICAL C	PART II. Other significant conditions	contributing to d	leath but	t not resulting	in the underly	ng cause	given in	Part i.	24s. WAS AN PERFOR	RMED?	CO	RE AUTOPSY FINDINGS R. ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EDIO 4		OTHER:	PLACE DF						
PHY	27. MANNER OF DEATH	28a. DATE OF I	NJURY	28b. T	4 Nursing H	JURY AT	asidence		SCRIBE HOW I	NJURY OCCL	JRED	
ED BY	1 M 1 VES 2 NO 2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office 26f. LOC							CATION (Street or Town, State)	and Number o	r Rural Route	Number,	
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER											I manner se stated
TO BE CC	296. SIGNATURE AND UTLE OF CERTIFIER	les Fra	rle	5 M	0	_	ENSE NUI		7			nth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CHRIS EARLEY.		-		PSKM	ed Ct	ı	Balli	more	mr) 2	1224
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

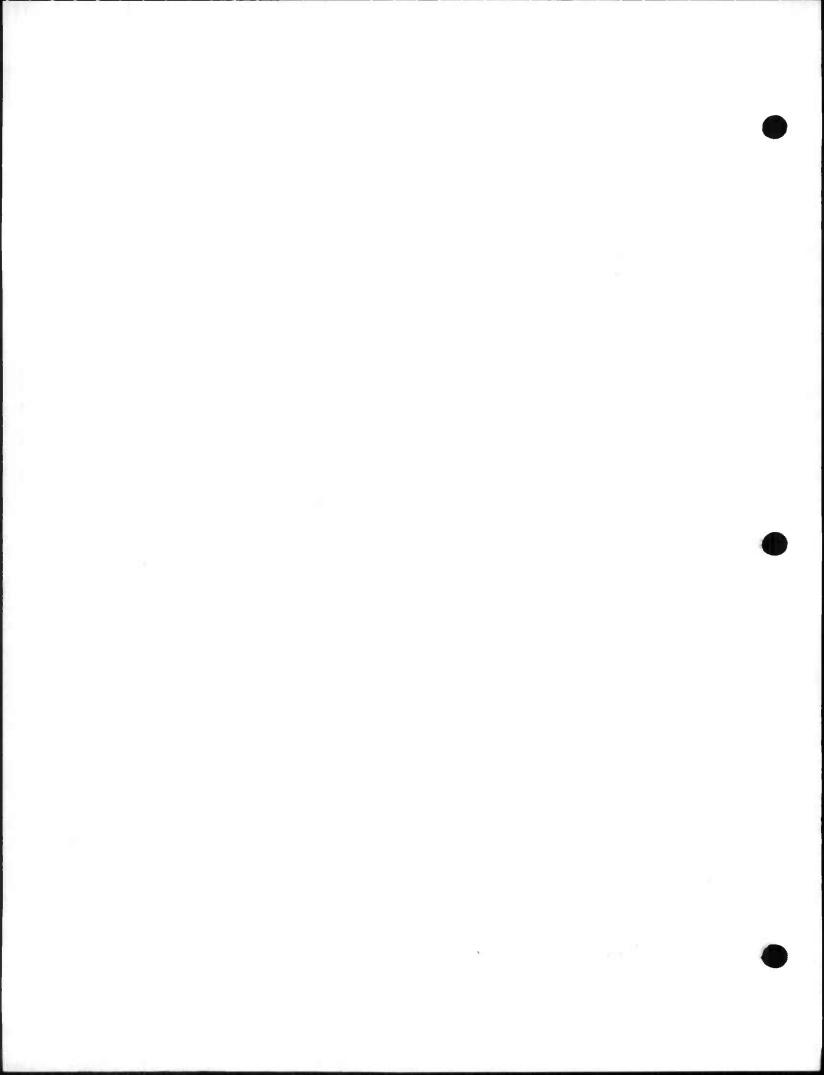
BALTIMORE, MARYLANI

THE COPING ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYL		ITMENT OF		MENTAL HYGIE	_			
	1. DECEDENT'S NAME (First, Middle, Last) LAWRENCE FREEM.	an JR				2. DATE OF DEATH	93"	EAR JOOD M		
	224-16-2273	5. SEX 6. AGE (7 2 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF WIRTH (Month, pay Year) 2 - 17 - 2	1	BIRTHPLACE (State or Foreign Country) PA		
OR	90. FACILITY NAME (If not institution, give street end number) CHURCH HOSPITAL 90. CITY, TOWN OR LOCATION OF DEATH BALTIMORE, MD.									
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			Y. TOWN OR LOCA						
- DIRECTOR	GM		1000	ltimor	e		10d. INSIDE CITY LIMITS? 1/YES 2			
FUNERAL	822 N. Belnor			31	21205		US/	OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 1 NO ATES	If yes, s	CENDENT OF HISPA pecity Cuben, Mexico 5 2/ NO Specia	NIC ORIGIN? (Specify Y nn, Puerto Rican, etc.) fy:	ıs or No- 14.	RACE — American Indian, Black, White, etc. Specify: Elack			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Give kind of a life. Do NOT us		ost of working	16b. KIND OF B	USINESS/INDUS	TRY		
MP	8th		Cons	tructi						
8	17. FATHER'S NAME (First, Middle, Last)	C				AME (First, Middle, Maide	n Surname)			
R	Lawrence Freen	lan Sr.				Harris				
70	190. INFORMANT'S NAME (Type/Print) Tanya McLauri	i n				Noute Number, City or To Ve./Balt		, MD 21205		
	20a, METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from State 20b	PLACE AND DATE OF PLOTO STORY OF O	of disposition (A	_{ame of} ial Gar		ndalk.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	NO ADDRESS OF FA			,		
	Frain	JA.	To	WM	C. MARC	H F.H./1	101 E	. NORTH AVE.		
	23. PART I. Enter the diseases, or complications that caused the death. Bu not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
NO	DUE TO (OR AS A CONSEQUENCE OF): AS CLD Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	CONSEQUENCE OF							
SERTI	resulting in death) LAST	1								
MEDICAL (PART II. Other significant condition	s contributing to death b	ut not resulting	In the underlying	g ceuse given in		PRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
						_				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (C)	neck only one)				
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)				
РНҮ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
0	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec	OF INJURY — At home, farm, street, factory, office etc. (Specify)				t end Number or i e)	Rural Route Number,		
COMPLET		CIAN: To the best of my knowl R: On the basic of examination						nuse(s) and manner as stated.		
TO BE	296_SIGNATURE AND TITLE OF CERTIFIER	W The	2- Jun	olif1	D CO	MBER 356	29d. DATE SI	GNED (Month, Day, Year)		
	a. KAVAR	COMPLETED CAUSE OF DEA	ATH IPTEM 27 (Type,	print)	sy (Fracts.	MO	21231		
	APR 21 1993	32 MEGISTRABIS SIGNA	A-Acadell		0					



hours after death. Page 6 may be retained by the hospital or attending physician. In the funeral director, page 5 should be detached for use as the burial-tran BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DRIANT: If Item 28 is marked,

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DIRECTOR: hours after

FUNERAL within 72 h

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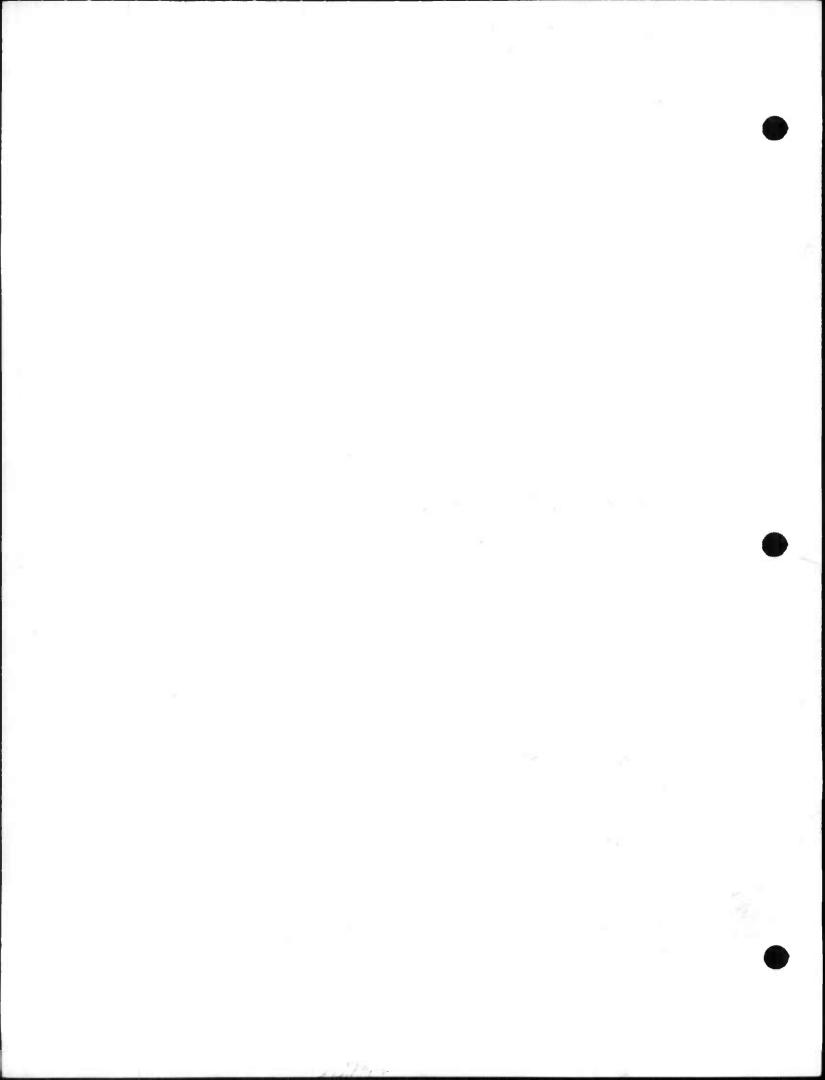
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93 11562 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH - 17 -1993 монтн 04 **GARDNER** MAGGIE 3:55 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 200-09-5161 1 ☐ M 2 🔯 F DAYS 8/11/11 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21213 1636 N. Broadway USA 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No-If wea. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 2 NO 1 Never Married 2 Married If yes, specify Cuben, Mexican, Po 1 ☐ YES 2 ☑ NO Specify: ВУ IF YES, GIVE WAR OR DATES 3 € Widowed 4 □ Divorced Black COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Continental 8th Can Tomo Operator 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Willie Dewitt BE Janie Jackson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lilar Stradford 618 E. Hoffman Street Balto. 20a, METHOD OF DISPOSITION
1X Burlet 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Nama of OATE 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Auburn Cemetery Baltimore, MD 22. NAME AND ADDRESS OF FACILITY Unity Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 108 W. North Ave., Balto., MD 21201 23. PART i. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death Carcinoma ancreatic disease or condition resulting in death) month OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY BY PHYSICIAN: MEDICAL

				PERFORI	×NO 0	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (CA	neck only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL: 1) Inpatient 2 ER/Outpatient 3	□ DOA 4 □ Nu						
27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	28d. DESCRIBE HOW INJURY OCCURED			
3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY — At he building, etc. (Specify)	me, ferm, street, fed	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	CIAN: To the best of my knowledge, de					ind manner as stated.		
Bednardille	296. SIGNATURE AND TITLE OF CERROTTERS MD - RECICLED PRIZECULAR 29c. LICENSE NUMBER 29d. DATE SIGNED/(Month, Dec. Your) 4/17/93							
30. NAME AND APPRESS OF PERSON WHI	O COMPLETED CAUSE OF DEATH (ITE	M27) (Type, Print)	bkins Hospit	al Battin	nore, mi	5 2/287		
31. DATE FILED (Month, Day, Year) APR 2 1 1993	32. REGISTRAR'S SIGNATURE	K.			1			
						DHMH-18 Rev 1/89		



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IMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	CORRESPONDED to the Artist And the second and the second and the second above the second and the
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/ CERTI	ARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	3 11303					
	1. DECEDENT'S NAME (First, Middle, Last) TAMES	GREEN			year 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In yrs. last birthde		7. DATE OF BIRTH 8	3 UNKNOWH M					
l X	214-68-0331 1×M 2 0 F 35 VRS. MONTHS DAYS HOURS MIN. 5/15/57 COUNTY) MO									
DR	3107 Oakley	Ave	BALTIMOR		Y OF OEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. (CITY, YOWN OR LOCATION		10d. INSIDÉ CITY					
DIR	ma		BAIMORE		10d. INSIDE CITY LIMPTS? 1 YES 2 NO					
FUNERAL	3/07 OAKE	/ AVE	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?					
FUN	11. MARWAL STATUS 1 Never Merried 2 Married		13. WAS OECENDENT OF HISPAI If yes, specify Cupan, Mexica	NIC ORIGIN7 (Specify Yes or No — 14	4. RACE — American Indian, Black, White, stc.					
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Specif		Specing/ACK					
COMPLETED	15. DECEOENT'S EDUCAT (Specify only highest grade cor	mpleted) (Give kind	T'S USUAL OCCUPATION of world done during most of working T use retired.)	16b. KIND OF BUSINESS/INDUS	ETRY					
APLE	Elementary/Secondary (0-92)	College (1-4 or 5+)	LAbor							
Ö	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden Syrname)	(1)					
) BE	1/a. INFORMANT'S NAME Type/Print)	19b. MAILI	NG ADDRESS (Street) and Number or Rural	Route Number, City or Town, State, Zip C						
5	Conther &	Reen 151.	4 Eutaw St.	BAHO, M	1 21217					
TO BE CON	20a. Mt 140b OF DISPOSITION 1 Burler 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)		reof DISPOSITION (Name of Angeline Place)	DATE 20c. LOCATION — CH	ry or Town, Stata					
	21. BIGNATURE OF FUNERAL BERVICE LICEN	SEE	22. NAME AND ADDRESS OF FA	willing	FS					
	Jaury m.	Cheesee	BAHO, MA	212129						
	23. PART before the passes, or conshock, or heart fellure. Lis	t only one cause on each line.	o not enter the mode of dying, suc ${\cal W}_{m{v}}$	h as cerdisc or respiratory arres	Approximate Interval Between Onset and Death					
	disease or condition resulting in death)	UNKNOWN	AIDS)					
,		ATTO UT	or amk my							
ITIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE	OF):		9					
FIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE	OF):							
CERTIFICATION	resulting in death) LAST									
4	PART II. Other algnificant conditions of	ontributing to death but not resulting	g In the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDIC				1 _ YES 2 NO	COMPLETION OF CAUSE OF DEATH?					
N. W					1 TYES 2 NO					
PHYSICIAN: MEDIC		IOSPITAL:	26. PLACE OF DEATH (Ch	5-1 1-1 - 17-1 - 17-1						
HYS	1 YES 2 NO 1	Inpetient 2 ER/Outpetient 3 DOA 28e. DATE OF INJURY 28b. 1	IME OF 28c. INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCU	RED					
ву Р	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO							
8	3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — Al home, fam building, etc. (Specify)	n, street, factory, office	261. LOCATION (Street and Number or City or Town, State)	Rural Route Number,					
COMPLET		N: To the best of my knowledge, death occi	urred at the time, data and place, and due	to the cause(a) and manner ee stated	J.					
CON		On the basis of examination and/or investiga	ition, in my opinion, death occured at the	time, data and place, and due to the	cause(a) and manner as stated.					
BE	asha M. Rom	aloned W.	29c. LICENSE NUI	ABER 29d. DATE S	BIGNED (Morth, Day, Year)					
유	30. NAME AND ADDRESS OF PENSON WHO C	COMPLETED CAUSE OF DEATH (ITEM 27) (7)	Pe, Print) CINIAT ILOOP	ITAL OF O	OLT ING ONT					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATURE	SINAI HOSP	I'ML OF BI	4LI IIVI OKE					
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		1. DECEDENT'S NAME (First, Middle, Last)	-1.11	2414			2. DATE OF DEATH DAY	YEAR 3.	TIME OF DEATH
		LORETTA E					4 16	93	12:30 A M
P		217-24-3002	1□M2ĂF 6	1 YRS. MO	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-16-32	6. BIRTNPLA Country)	ACE (State or Foreign
3 shor	œ	9e. FACILITY NAME (If not institution, give s		10	ALTIM	ORE XXX	XX CITY 9c. C	COUNTY OF DEAT	N
1, 2,	6	CHURCH HOSPITA		TON					
if. Pages	DIRECTOR	106. STATE 106. COUNT			timor	e City			d. INSIDE CITY LIMITS? YES 2 \(\square\) NO
n. ansit perm	FUNERAL	2125 East Chas	se Street	-	101	21213	10g.	USA	T COUNTRY?
A 4 8	BY FUN	11. MARITAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican 2 NO Specify:	C ORIGIN? (Specify Yes or No., Puerto Rican, etc.)	Black, W	American Indian, Phile, etc.
215 attend		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. OECEDENT'S USL	JAL OCCUPATIO	ON et al waddag	16b. KIND OF BUSINESS		1001
or for a	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re		or or working	N/A		
ANE the host detache	Š I	7th Grade 17. FATNER'S NAME (First, Middle, Last)		1/ 0116		18. MOTNER'S NAM	NE (First, Middle, Maiden Surner	ne)	
YL de de de de de de de de de de de de de	ш	Henry Owens				1	ine Baker	~)	
E, MARYL	2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town, State		1010
Д 20 ° Б 20 °		Royal Oliver	201	1723 E			Baltimore		
ALTIMORE, death. Page 6 may be funeral director, page 1.		1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Capit	elery, crematory or other	plece) tar	4/21	193 Balto	N — City or Town,	State
TIN Pag eral dir		21. SIGNATURE OF FUNERAL SERVICE LIC		- 10 0 0 0 10		ID ADDRESS OF FAC	wice c/o C	ı Gilmo	ore Hense
0 = 0		Maggalern	y. Henson				01 McCullor		
Co. BOX 68760, certificate be executed within 24 hours ding physician and completely filled in therefore to bural, cremation, or recorder traumatte event, the median	CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the Initiated events resulting in death) LAST	DUE TO (OR AS A	ach line.	ones die mo	ee or cynny, socii	so certified or respiratory	arrest,	Approximate Interval Between Onset and Daath
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RECOR	4: MEDICAL	COUGESTIVE L					Part I. 24a. WAS AN AUTOP PERFORMED? 1 YES 2 NO	O OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 PNO
VITAL AN: The law tificate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCDITAL			ACE OF OEATH (Chec	ck only one)		
2 6 8 6		1 VES 2 NO 27. MANNER OF DEATN	HOSPITAL:	atient 3 DOA 4 D		e 5 🗆 Residence 8	□ Other (Specify)		
NO OF PHYSIC THE This center with the marked, or	AHA.	1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	URY AT RK? /ES 2 NO	28d. DEŞCRIBE NOW INJURY	OCCURED	
0 5 4 6	EU BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, stree			28I. LOCATION (Street and Nun City or Town, State)	nber or Rural Route	Number,
DIVISION ATTEN ORECTOR Nours after Item 28	<u> </u>	29e. CERTIFIER Check only	CIAN: To the best of my knowle	edge, death occurred at	the time, date	end place, end due t	to the cause(s) and menner as	stated	
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PORTANT		296. SIGNATURE AND TITLE OF CERTIFIER	/ UIS)		29c. LICENSE NUME	BER 29d, 0	DATE SIGNED (MO	inth Day, Year)
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UIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR WITH THE PHYSICIAN. The law remaines that the death certificate he executed within 2s hours
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	REGISTRAR			CE	RTIFICAT	E OF L	DEATH		REG. NO).		
	1, DECEDENT'S NAME (First, MICH	lle	+'Gar	netf				MONT	OF DEATH		YEAR	7:48 A.
	4. SOCIAL SECURITY NUMBER 212. 07 0077 9s. FACILITY NAME (If not institute		1 🙀 M 2 🗆 F	6. AGE (In yrs. lest t	YRS. MONTHS	DAYS	HOURS MIN.	7. DATE (Mon	OF BIFTTH th, Day, Year)	7	Country)	LACE (State or Foreign
TOR	Baltimore VA	A Med		er		ALTIM	ORE	EATH		9c. COUNT	Y OF DE	ATH
DIRECTOR	MD 10a. STATE 10b	No. COUNTY			Baltim		ON					10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	104. STREET AND NUMBER	Hore	tand o			101. 2	ZIP CODE	0		10g. CITIZE	en of wh	S.A
B	11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO		WAS DECEN If yes, spec 1 YES 2	NDENT OF HISPA Hy Cuban, Maxic NO Speci	en, Puerto	N? (Specify Ye Rican, stc.)	s or No 1	4. RACE - Bleck, Specify:	- American Indian, White, alc.
	15. DECEDER (Specify only high Elementary/Secondary (0-12)	ghest grade o		(G/ve	EDENT'S USUAL Of kind of work done to NOT use retired.)	during most	of working	161	. KIND OF BU	SINESS/INDUS	STRY	
E COMPLEIE	17. FATHER'S NAME (First, Middle, HENRY G	Lest)	nett	17			18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
2	19a. HIRORMANT'S NAME (TypeR	atta	erson	/	MAILING ADDRESS	Mo	relan	d,	the	Balt	b, MO	1 21216
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 6 Other (Special Section 2)	3 Remo		cemelery, creme	ntory or other place)	tore	ADDRESS OF F		E 20c. 16	Wing	1	lells, red
	Xala	1	210			4 4	Albertace et	APAPER .	7			
	23. PART I. Enter the disear shock, or heert	ises, or co	Dmplicetions that	csused the deet	h. Do not enter	land	of dying, suc	HU 200 ch ss can		bash diretory street	nt,	Approximate interval Between
	23. PART I. Enter the disease shock, or heert immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (C	OR AS A CONSECU	ENCE OF):	1-f	and dying, such				nt,	Interval Between
MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. C.	DUE TO (C	OR AS A CONSEQUE	ENCE OF):	/af	Tareti'	01		AUTOPSY RMED?	24b. W	Interval Between
MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions if any, landing to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant of EXAMINER?	s, b. c. d. d. conditions	DUE TO (C	OR AS A CONSEQUE	ENCE OF): ENCE OF): ENCE OF): OTHER	nderlying o	Couse given in	Part I.	24a. WAS AN PERFOI	AUTOPSY RMED?	24b. W	Interval Between Onset and Destrict and Dest
PHYSICIAN: MEDICAL C	Sequentially list condition resulting in desth) Sequentially list condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pendi	e, b. conditions	DUE TO (C	DR AS A CONSEQUE OF AS A CONS	ENCE OF): ENCE OF): ENCE OF): ENCE OF): OTHER A Nur ZBb. TIME OF INJURY	26. PLACER: PLACER: 28c. INJUR WORK	ceuse given in	Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	24b. W A C C C 1	Interval Between Onset and Destit of
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ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant control of the cause in the cause of the cau	e conditions EDICAL ding stigation lid not be rmined	DUE TO (C) DUE TO (C)	DR AS A CONSEOU	ENCE OF): LENCE OF): ENCE OF): ENCE OF): ENCE OF): A DOA OTHER A DOA A Nur Zeb. TIME OF INJURY 7: A A M D, farm, street, fact	26. PLACE R: rsing Home 28c. INJUR 1 YES tory, office	Couse given in CE OF DEATH (Ch TY AT TY S 2 NO	Part I. Beck only or G Other 28f. LOC City	24a. WAS AN PERFO! 1 YES 2 ATION (Street or Town, State)	N AUTOPSY RMED? 2 NO INJURY OCCUI	24b. WARED	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMELETION DF CAUSE OF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant control of the cause in the cause of the cau	e, conditions EDICAL ding stigation lid not be rmined ling PHYSIC. EXAMINER	DUE TO (C. DUE TO (C.	DR AS A CONSEOU	ENCE OF): LENCE OF): ENCE OF): ENCE OF): ENCE OF): A DOA OTHER A DOA A Nur Zeb. TIME OF INJURY 7: A A M D, farm, street, fact	26. PLAC R: R:Ing Home 28c. INJUR WORK 1 YEs tory, office	Couse given in CE OF DEATH (Ch TY AT TY S 2 NO	Part I. 6 Othe 28d. DE: 28f. LOC City	24a. WAS AN PERFO! 1 YES 2 ATION (Street or Town, State)	A AUTOPSY RMED? 2 NO INJURY OCCUI	24b. WARED	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMELETION DF CAUSE F DEATH? YES 2 NO

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FOR STATE REGISTRAR

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29e. CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

spalti.

		1. DECEDENT'S NAME (First, Middle, Law)	· GRaHI	AM			2. DATE OF DEATH DON'TH D	AY SEAR
ss 1, 2, 3 should		4. SOCIAL SECURITY NUMBER 220-20-6143	5. SEX 6. AC	TO YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	Z 8. BIR
	RECTOR	98. FACILITY NAME (If not institution, give see that the second of the s	General	Hegital 10c. CITY	Ba (+z	OR LOCATION OF OR	EATH	9c. COUNTY OF
physician. burial-transit permit. Pages	FUNERAL DIR	10a. STREET AND NUMBER 3915 Callow	Day Ave		101	7. ZIP CODE		10g. CITIZEN OF
the the	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	II yes, sp	CENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	HC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	B or No — 14. RA Bla Spo
for u	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a, DECEDENT'S L (Give kind of we life, Do NOT use	ork done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY
	ш	17. FATHER'S NAME (First, Middle Lest)	dman			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)
y be retained by lage 5 should be be notified at	TO B	Shinly Solon	non	19b. MAILING /	ADDRESS (Street, a	and Number or Rural I	Poute Number, City or Tow	n, State, Zip, Code)
rector, pa		20a, METHOD OF DISPOSITION 1 Surfet 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	loval from State	ROB. PRACE AND DATE OF cerebral control of the cerebra	F DISPOSITION (Ne	C CM	14/24/co 11	cation - city or
		21. SIGNATURE ON FUNERAL SERVICE LI	bron		h	NO ADDRESS OF FA	300 G	vala.
ited within 24 hours after of completely filled in by the ral, cremation, or removal.		23. PART i. Enter the diseases, or ehock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or	eech line.				
nd con bunal.	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	D. OUE TO (OR AS	Atri as a consequence of	el fib	melal	cular in ruli.	
attending phy rtal Hygiene Y, or other	CERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF)	:			
requires that the death certificate be expensioned by the attending physician a confleath and Mental Hygiene prior to shows any injury, or other traum.	MEDICAL	PART ii. Other significant condition	e contributing to deeth	but not resulting in	the underlying	g cause given in	Pert I. 24a. WAS AN PERFOR 1 TYES 2	MED?
ne law ne has l ate Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che		
After this certifical death with the St marked, or it	ВУ РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	26e. OATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. INJI RY WO 1 1 Y	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUREO
DR: After ther death	ED	3 Suicide 6 Could not be	28a. PLACE OF INJU building, etc. (S	RY — At home, farm, str pecify)	reet, tactory, office		28t. LOCATION (Street a City or Town, State)	and Number or Rural

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MD

INJURY OCCURED and Number or Rural Route Number, 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29c. LICENSE NUMBER 30641 W. Eddaw st OHMH-16 Rev 1/89

11566

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS? 1 NES 2 NO

14. RACE — American Indian, Black, White, atc. Black

> Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

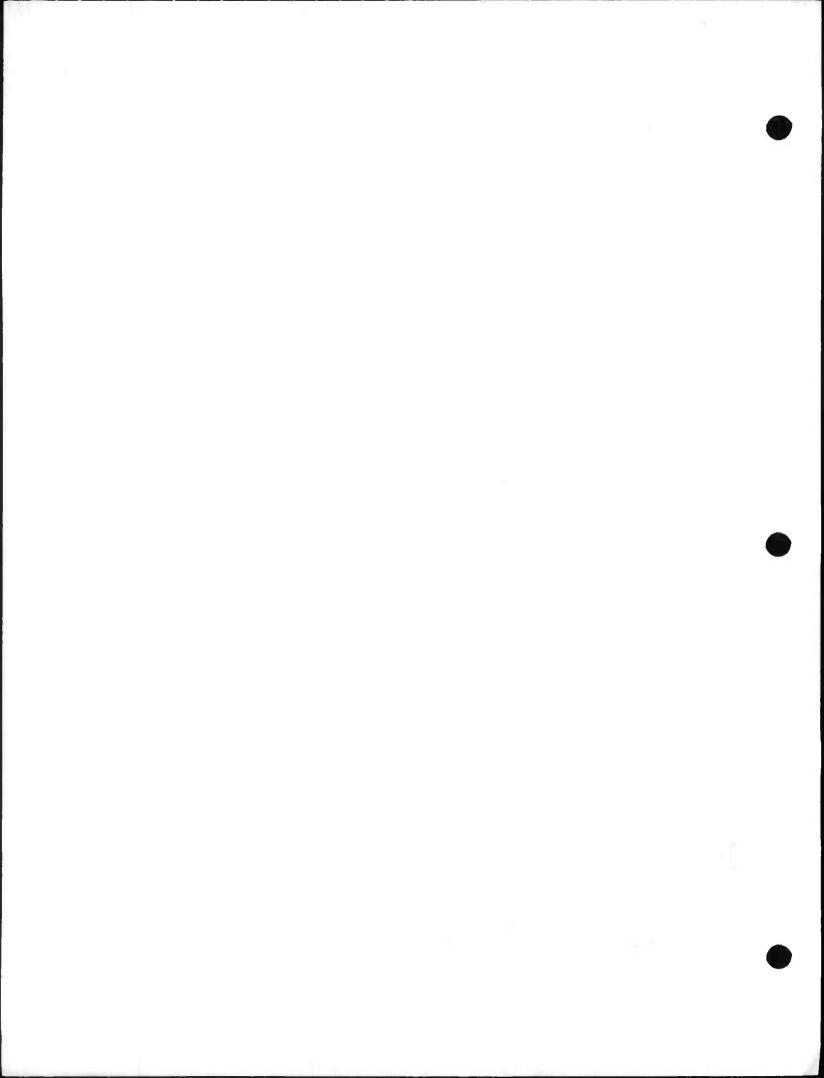
1 | YES 2 | NO

93

9c. COUNTY OF DEATH

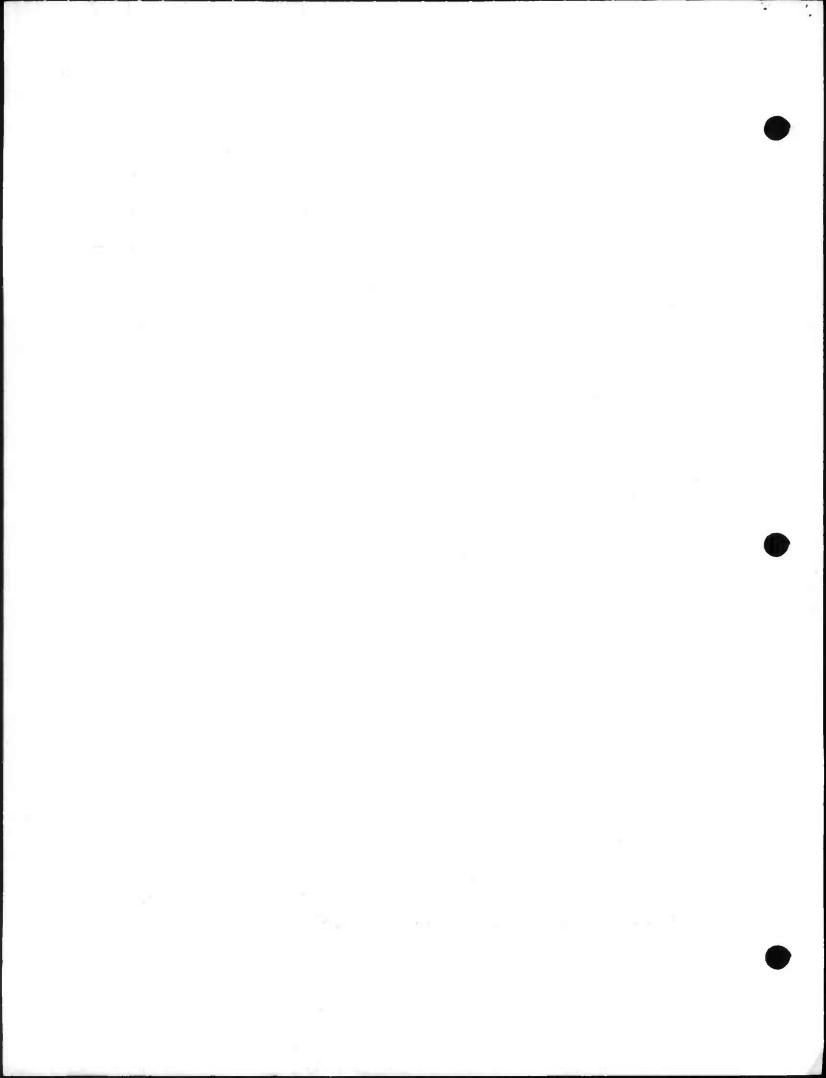
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10g. CITIZEN OF WHAT COUNTRY?



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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI REG. NO.	Ē	
		1. DECEDENT'S NAME (First, Middle, Lest) M. C. HAEL 4. SOCIAL SECURITY NUMBER			UNDER I YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DA	- 93 6. B	IRTHPLACE (State or Foreign
1, 2, 3 should	тов	96. FACILITY NAME (If not institution, give s HOLY CRUSS RESIDENCE OF DECEDENT	1 PM 2 F F Freet and number) HOSP TAL	YRS.	CITY, TOWN C	PR LOCATION OF DE	5-4-7	/	DEFINATION NY DEFINENTE TGMERY
permit. Pages	AL DIRECTOR	10a. STATE 10b. COUNTY 10b. STREET AND NUMBER	TGOMERY	S/L	JER S	FION FRING ZIP CODE	7	10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 SYES 2 NO DF WHAT COUNTRY?
ian. transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yee, sp	ENDENT OF HISPAI ecify Cuben, Mexics 2 X NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc.
2 9 2	COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 12 Yrs	CATION completed) College (1-4 or 5+) 2 YYS	16a. DECEDENT'S USU (Give kind of work Me. Do NOT use re Student	done during mo		16b. KIND OF BUS	INESS/INDUSTR	Ŋ
# 2 € ₹	BE CO	17. FATHER'S NAME (First, Middle, Last) Jimmy McMillan				Aviyon	ME (First, Middle, Melden S Y Goodwin		
₽ age P	7	Aviyon Y Goodwin	l on	Same a	s 10a,	b,c,d,e,			
Page 6 m I director,	•	1 E Burlel 2 Cremetion 3 Rem. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State definition Me	PLACEAND DATE OF DI PLACE PROPHY IN MAN EMOTIAL PA	totonal rk Cem	etery 4	/23/93 Lau: COLITY John T 1 30 12th St	Rhines	Co., Inc.
cortificate be executed within 24 hours aft ding physician and completely filled in by typiene prior to build; cremation, or remother traumatic event, the medical	CERTIFICATION	23. PARTyl. Enter the diseases, or o shock, or heart failure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO (OR AS A	the deeth, DD not and Ilna. Signature of the consequence of the conse		de of dylng, suc	h aa cardlac or respir	etory srrest,	Approximate interval Between Onset and Daath
KECOKD: requires that the been signed by the to of Health and M shows any Inju	MEDICAL	PART II. Other algolificent conditions	contributing to death bu	ut not resulting in th	a underlying	g ceuse given in	Part I. 24a. WAS AN A PERFORA 1 YES 2	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN: The law ertificate has the State Depr	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL;		HER:	ACE OF DEATH (Ch	8 Other (Specify)		
G PHYSIC er this ce ith with th	ву Рн	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 V	RK? 'ES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED)
OR ATTENDIN DIRECTOR: Att hours after des	ETED.	3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY building, etc. (Speci	my)			28f. LOCATION (Street en City or Town, Stete)		rel Route Number,
로 로 로 본	COMPLET	(Check only 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	CAN: To the best of my knowled: On the basic of examination						se(e) end manner ee stated,
TO THE HOSPI TO THE FUNER be filed within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	Que			P378		▶ 4/2	NED (Month, Day, Year)
		30. NAME AND ADDRESS OF PERSON WITH A. RATVAN SHI	10313 6	eobjia.	Ave :	#302	Silspo.	WD 3	0902
		31. DATE FILED (Month, Day, Year) APR 21 1993	32 AEGISTHAR'S SIGNA						



DHMH-18 Rev 1/89

BAL	in 24 nours after death	ely filled in by the funeration, or removal.	the medical evem
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune, be filed within 72 hours after clearly with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	HADDITAIT. If hem 90 is modered as item 92 shows now interes as other frammatic avent the medical even

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	- H	1/200		2. DATE O	F DEATH DAY	YEAR 3. TH	ME OF DEATH
Ż	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE Ø	F BIRTH	BIRTHPLACE	E (State or Foreign
	218-32-0687	1 M 2 D F		NTHS DAYS HOURS MIN.	(Month.	9 136	BA-L	70
OR	9a. FACILITY NAME (If not Institution, give	street and number)	91	CITY, TOWN OR LOCATION OF	DEATH SIN	9c. COUNT	ATT.	0
ECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY	10c. CITY, T	OWN OR LOCATION				INSIDE CITY
DIR	no	BANO	Kn	rseville				VES 2 NO
FUNERAL	12100 Belai	R Ro		101. ZIP CODE 2/D	87	10g. CITIZI	SA-	COUNTRY?
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF XES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 TYES 2 THO Spe	cen, Puerto Ri		14. RACE — An Bleck, White Specify	merican Indian, te, etc.
ETED	15. DECEDENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b.	KIND OF BUSINESS/INDU	STRY	Per
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Engineer	Rui	opert's Sar	nitati	on
COMPL	17. FATHER'S NAME (First, Middle, Last)	1, 1				iddle, Malden Surname)		
BE	VIHOS	1016AD		Mabel				
2	19a. INFORMANT'S NAME (Type/Frint)	Illows		DRESS (Street and Number or Run			(ode)	
	20a. METHOD, DE DISPOSITION	2	Db. PLACE AND DATE O	Guigan Drive	oate		ity or Town, Si	tate
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rei 4 Donatton 5 Other (Specify)	moval from State	f cemetary, crematory or etro Crema	other place)	19-93	Baltimore		
	21. SIGNATURE OF FUNERAL SERVICE L		C .	22. NAME AND ADDRESS OF E. F. Lassah	FACILITY			,
- 1	6. 3. Lassy	la Fusirel	Home .	11750 Belair			Marv	land210
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bOUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	CARAINVISA	ulan	D15		In hap
ERTIF	that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition Chosy	ons contributing to death	but not resulting in	the underlying cause given	in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 10	AMAIL COMI OF D	E AUTOPSY FINOINGS LABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	111100		26. PLACE OF DEATH	Check only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou		THER:	e 6 🗆 Other	(Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME (F 28c. INJURY AT	Y	CRIBE HOW INJURY OCC	JREO	
ED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF INJUR	Y — At home, farm, streecily)	et, factory, office		TtON (Street and Number of Town, State)	or Rural Route I	Number,
APLET	anni 1			at the time, data and piece, and c				
COMPI	MEDICAL EXAMI		ion and/or investigation,	In my opinion, death occured at t			-/	1
8E	296. OF CERTIF		9	29c. LICENSE N	IUMBER	29d. DATE	SIGNED (Mon	M, Day, Year)
2	30 NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pr	int) _	150-	7	11/1	15
	10609 Reisi	epstonni	RO	BAITO 9	30	21213	5	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE ROAD			1047		

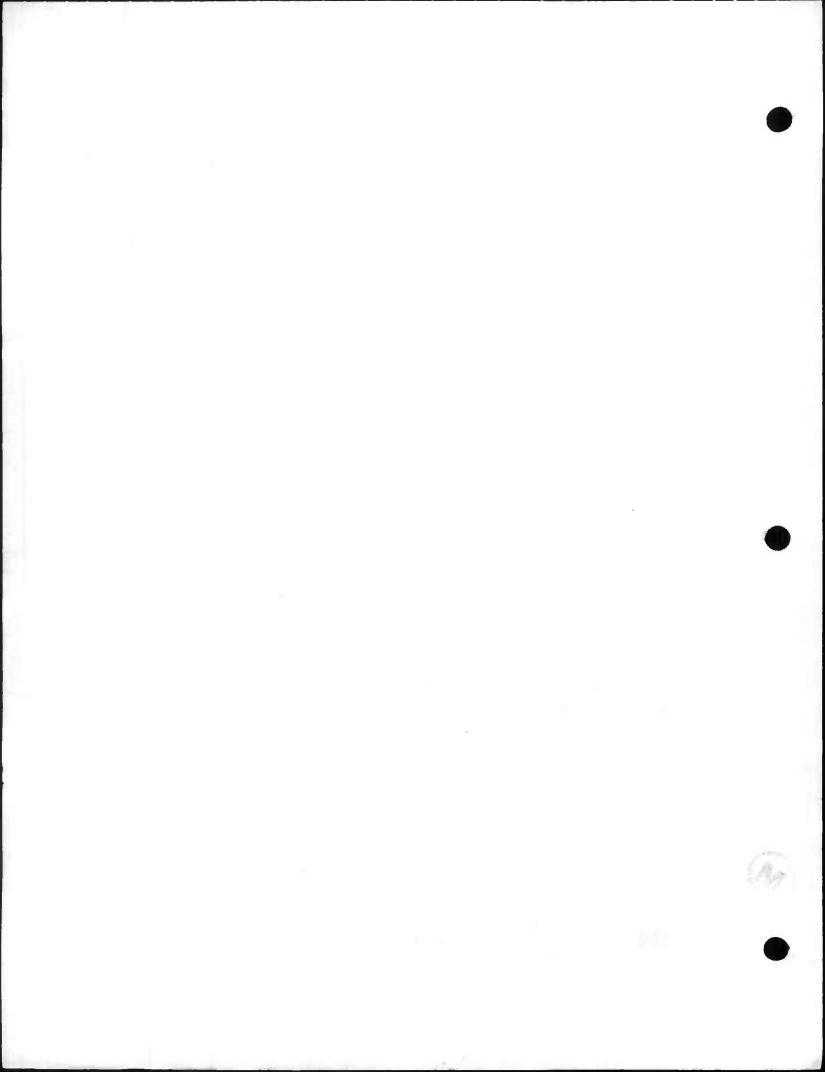
page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 in	VAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
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OR ATTEN	DIRECTOR:
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

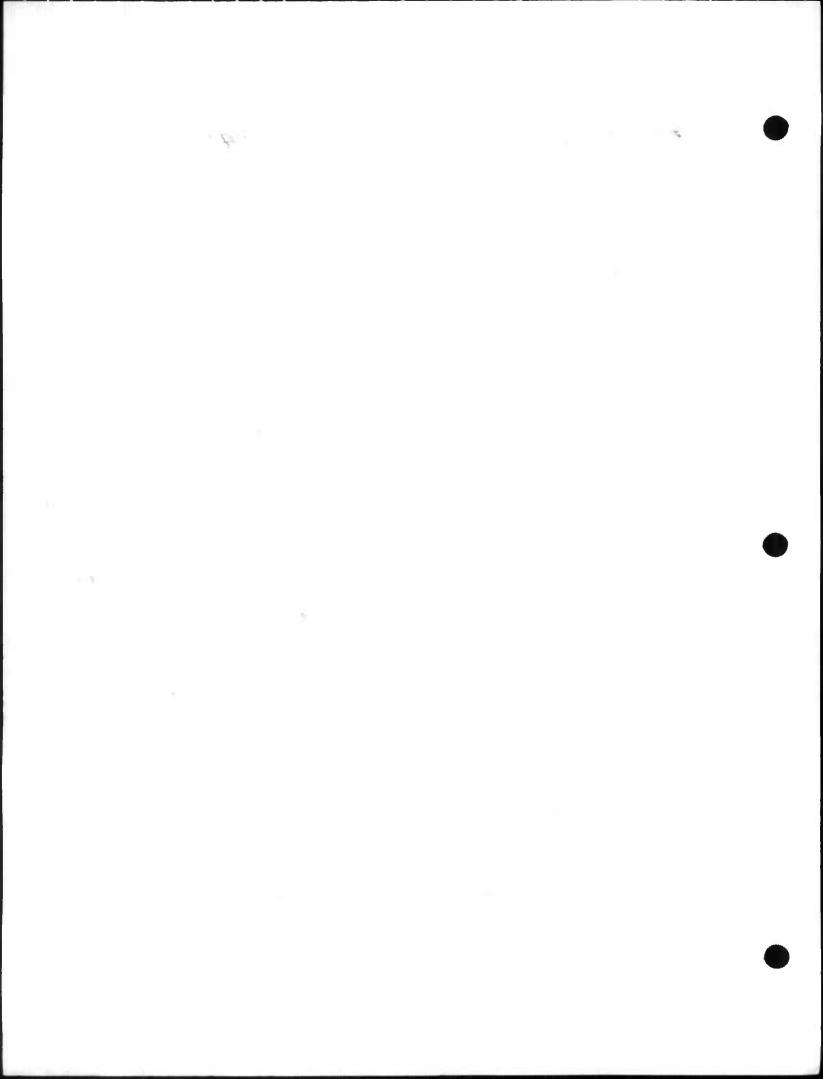
		REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.			
	CARTILLA	1. DECEDENT'S NAME (First, Middle, Last)	A A.	HAR	VEY	2. DATE OF OEATH MONTH DA	6 - 93 11:45 Am		
		4. SOCIAL SECURITY NUMBER 218 - 10 - 5831	1 M 2 Der	76 YRS. "	FUNDER 1 YEAR IF UNDER 24 HRS	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country) BALT, CITY		
	DIRECTOR	99. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH BALTIMORE BALTIMORE							
21	S	10e. STATE 10b. COUNTY	,	10c, CITY.	TOWN OR LOCATION		10d. INSIDE CITY		
		M))			BALTIMORE	CITY	1 X YES 2 NO		
	FUNERAL	1946 W. FAYETTE			10f. ZIP CODE 2122		USA.		
	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP It yes, specify Cuben, Mex 1 YES 2 NO Spe	can, Puerto Rican, etc.)	or No		
	ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF BUS			
Once.	COMPLET			WORK	(ONI BIBRIA				
at on	_	17. FATNER'S NAME (First, Middle, Last) JAMES HO!	LLEY			NAME (First, Middle, Maiden S MA	Surname)		
notified	BE	19e. INFORMANT'S NAME (Type/Print)	DDDI	19b, MAILING A	DDRESS (Street and Number or Rur), State, Zip Code)		
be noti	2	DERNARD HOLLE	Y				ORE, MD. 21223		
must b		20e. METNOD OF DISPOSITION SEBURIAL 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	ovel from State come	etery, cremetory or other	DISPOSITION (Name of CEMETERY		CATION — City or Town, State TIMORE, MARYLAND		
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC			JOSEPH H. B	ROWN JR. FU	NERAL HOME, P.A. D. 21223; P.O. BOX 4433		
ne prior to burial, cremation, or removal. ner traumatic event, the medical examiner must be notified at once.		29. PART Enter the diseases, or coshock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on ea	ch line.	mie non!	2	interval Between		
or of	CERTIFICATION	Sequentisliy list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	Annut	CONSEQUENCE OF):		0-017			
death with the State Dept. of Health and Menta a marked, or item 23 shows any injury,	MEDICAL	PART II. Other flightlicant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO							
State De	ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATN (Check only one)			
death with the S marked, or	PHYSICIAN	1 VES 2 NO 27. MANNER OF DEATH 5 Pending	28a. DATE OF INJUTY (Month, Day Bur)	25b. TIME (WORK?	e 6 ☐ Other (Specify) 28d. DEŞCRIBE NOW IN	JURY OCCUREO		
after death	ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stro	1 YES 2 NO	26f. LOCATION (Street er City or Town, Stele)	nd Number or Rural Route Number,		
n 72 hours after T: If item 28 i	COMPLETED				at the time, date end piece, end d		ner ee stated, I due to the cause(e) end manner ee stated.		
	BE	296. SHENATORE AND TITLE OF GENTIFIER		MIS	2HE WCENSE N		29d. DATE BENED (MOVEN, DAY, YEAR)		
	10	10 NAME AND ADDRESS OF PERSON WHO	BEITRA	TH (ITEM 27) (Type, P)	W. BALT	ST BAR	LT MD 21223		
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	FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	Healex				2. DATE OF DEATH MONTH	24/17	93 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-14-8976	1 1.7		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev Year), 5 - 28 -	7	BIRTHPLACE (State or Foreign Country)		
œ	96. FACILITY NAME (If not institution, give s				R LOCATION OF D		9c. COUNT	Y OF DEATH		
02	CHURCH HOSPITA RESIDENCE OF DECEDENT 108. STATE 109. COUNTY				ORE CIT	Ϋ́				
DIRECTOR	MD 100. COUNTY			timore				10d. INSIDE CITY LIMITS? 1) YES 2 NO		
FUNERAL	100. STREET AND NUMBER 1036 N. Castle	+2		101. ZIP CODE 21205				EN OF WHAT COUNTRY?		
JNE	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify)	USA			
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, spe	city Cuben, Mexica 2/ NO Specif	in, Puerto Rican, stc.)	NO THOSE IN	4. RACE — American Indian, Black, White, etc. Specify: Black		
TEC	1\$. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during mos	N t of working	16b. KIND OF B	USINESS/INDUS	STRY		
COMPLETED	Elementery/Secondary (0-12) 7 t h	College (1-4 or 5+)	Unemplo							
BE COI	17. FATHER'S NAME (First, Middle, Lest) Raliegh Henley	/			Nelli	ME (First, Middle, Maide e Hamlet	,			
101	190. INFORMANT'S NAME (Type/Print) Marion Beckwit	th	196. MAILING A		tle St	Number, City or R Baltin		MD 21205		
	20a, METHOD OF DISPOSITION 1	DISPOSITION (Nem	sposition/Neme of Date 20c. LOCATION — City or Town, State Randallstown, N							
	1 U/Burisi 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND						illuaii	stown, MD		
	1 hass	Nou		WM C.	MARCH	F.H.110	1 E.	NORTH AVE.		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory errest, interval Between Onset and Death III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Interval Between Onset III. Approximate Inte									
Z	DUE TO (OR AS A CONSEQUENCE OF): SERVICE Should 48 Am									
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A LOGIS OF AS	A CONSEQUENCE OF	SCILY	1:			11.1		
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	CONSEQUENCE OF):	30117	13			IWA		
E E		1								
MEDICAL	PART II. Other significent condition:	s contributing to deeth b	out not resulting in	the underlying	cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DATO	HOSPITAL:		THER:	CE OF DEATH (Ch	8 Other (Specify)				
PHY	27, MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED		
8	1 Natural 5 Pending 2 Accident Investigation	28 PLACE OF INJURY	12	M 1 🗆 YI	S 2 NO	est t postiou (o				
ETED	4 Homicide determined									
29s. CERTIFIER (Check only one) 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE (29b. SIGNATURE AND TITLE OF CERTIFIER		CLICE	,	29c. LICENSE NUN	ABER	29d. DATE S	SIGNED (Month, Day, Year)		
2	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	2 TQ++ IN EATH (ITEM 27) (Type, Pr	TENSIVIST	D571	49	1 4	117/93		
	Stephen A G	eraci Mi	100 K	Rica	dway	Balt, n	10 2	1231		
	APR 21 1993	32. HEGISTHAR'S SIGN	dell.							



BALTIMORE

3. TIME OF OEATH

DHMH-18 Rev 1/89

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Vier)

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

948-03-1387

James 4. SOCIAL SECURITY NUMBER 5. Jones

5. SEX

1 M 2 D F

1 -

CORDS, P.O. BOX 68760,

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3
SPITAL

3 shou	E I	BON SECOURS HOSP:			9b. CI		OR LOCATION OF D	EATH		9c. COUNTY	OF DEAT	N	
1, 2,	RECTOR	RESIDENCE OF DECEDENT				DALITHORE							
physician. burial-transit permit. Pages	百	10a. STATE 10b. COUNT	Y	10	Ba		mare_					d. INSIDE CITY LIMITS? YES 2 NO	
in. ansit pern	FUNERAL	3548 W. Ba	uto 5+.			10	212	3		10g. CITIZEI	OF WHA	COUNTRY?	
ding physicia the burial-ti	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	1	If yes, sp	CENDENT OF NISPAL ecify Cuban, Maxica 2 XNO Specific	in, Puerto Ric	(Specify Yes can, etc.)	or No 14	Specify:	American Indian, hita, etc.	
hours after death. Page 6 may be retained by the hospital or attending physician of in by the funeral director, page 5 should be detached for use as the burlat-trat or removal. medical examiner must be notified at once.	COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give ki life. Do l	ENT'S USUAL ind of work dor NOT use retired	ne during mo	ost of working			INESS/INDUS	TRY		
hosp achec	₽ P	17. FATHER'S NAME (First, Middle, Last)		ANIMA	L FACIL	ITIES	TECHNICIAN			_	F MAI	RYLAND	
be del			NES				18. MOTHER'S NA	ME (First, Mi	ddle, Maiden S	Surname)			
ould hou	BE	19a. INFORMANT'S NAME (Type/Print)	NES	195 MA	AIT ING ADDRE	ec (Ctreat a	MADELI and Number or Rural		JON		-1		
5 should notified	유	NANCY JONES					MORE ST.						
page t pe		20a. METHOD OF DISPOSITION	20b		DATE OF DISP			DATE	7	ATION — City		State	
ector, pector, p	,	1 N Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	0011		ny or other place N STAR		FTFRY	1		NSVIL			
. Pag ral dir		21. SIGNATURE OF FUNERAL SERVICE LE	ENSEE A			2. NAME A	ND ADDRESS OF FA		77.7				
death. Pag tuneral di I. examiner		I C'Wanu	- D (M		JOSE	PH H. BR	OWN JI	R. FUN	IERAL I	HOME	P.A.	
d in by the or removal		23. PART i. Enter the diseases, or	complications that caused	the death.	Do not ent	913 W.	BALTTFORE	ST. B	ALTO. M	D. 2122	23; P.	O. BOX 4433	
Pe on		ahock, or haart failure. iMMEDIATE CAUSE (Fine) disease or condition	List only one ceuse on ea	ich line.			or dynig, add	T ES CETOIS	ic or reapi	atory arrest	1.9	intarval Between Onset and Dasth	
ed within 24 ompletely fill 1, cremation, event, the		resulting in death)	<u>-</u>	tscv								3 yr	
complication of the compli	_		DUE TO (OR AS A	CONSEQUEN	ICE OF):								
te be executed within sician and completely brior to burial, cremat traumatic event,	ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUEN	ICE OF):								
PHYSICIAN: The law requires that the death certificate be executed within this certificate has been signed by the attending physician and completely with the State Dept. of Health and Mental Hygiene prior to burial, cremainded, or Item 23 shows any injury, or other traumatic event, t	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUEN	ICE OF):								
the att Menta Menta Menta		PART ii. Other algnificent condition	is contributing to death be	ut not resui	iting in the	underlying	o cause given in	Part i. 2	4a. WAS AN	MITOPSY	24h WE	RE AUTOPSY FINDINGS	
ss that the dea ined by the at ath and Menta any injury,	MEDICAL	Cory							PERFORI	WED?	CO	ILABLE PRIOR TO MPLETION DE CAUSE DEATH?	
SICIAN: The law requires the certificate has been signed to the State Dept. of Health a or Item 23 shows an								_		1 TYES 2			
he law has be bept m 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (Ch	eck only one)					
CIAN: The rificate he State or Item	Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	atient 3 🗆 D	OTHI		e 5 🗆 Residence	8 🗆 Other (Specify)				
Aller this cer the with the s marked, o	ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	288	b. TIME OF INJURY	28c. INJ WO				JURY OCCUR	ED		
18 記	E	3 Suicide 8 Could not be detarmined	26s. PLACE OF INJURY building, etc. (Speci	— At home, f	farm, street, fa				ION (Street ar Town, State)	and Number or Rural Route Number,			
OSPITAL DITER INFRAL DITER Thin 72 INT: If Item	COMPLE		CIAN: To the best of my knowledge: On the basis of examination								nuse(a) and	d menner as stated.	
TO THE HOSPITAL TO THE FUNERAL DE FILED WITHIN 72 IMPORTANT: If I	TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	7				29c. LICENSE NUI			29d. DATE SI	GNED (Mo	nth, Day, Year) P 19, 9 3	
	-	30. NAME AND ADDRESS OF PERSON WN RO WEST W. COO			(Type, Print)	lua	7 21:	231					
4		APR 2 1 1993	132 REGISTRATES SIGN		6								
-	- 0	WI IV M T 1000											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

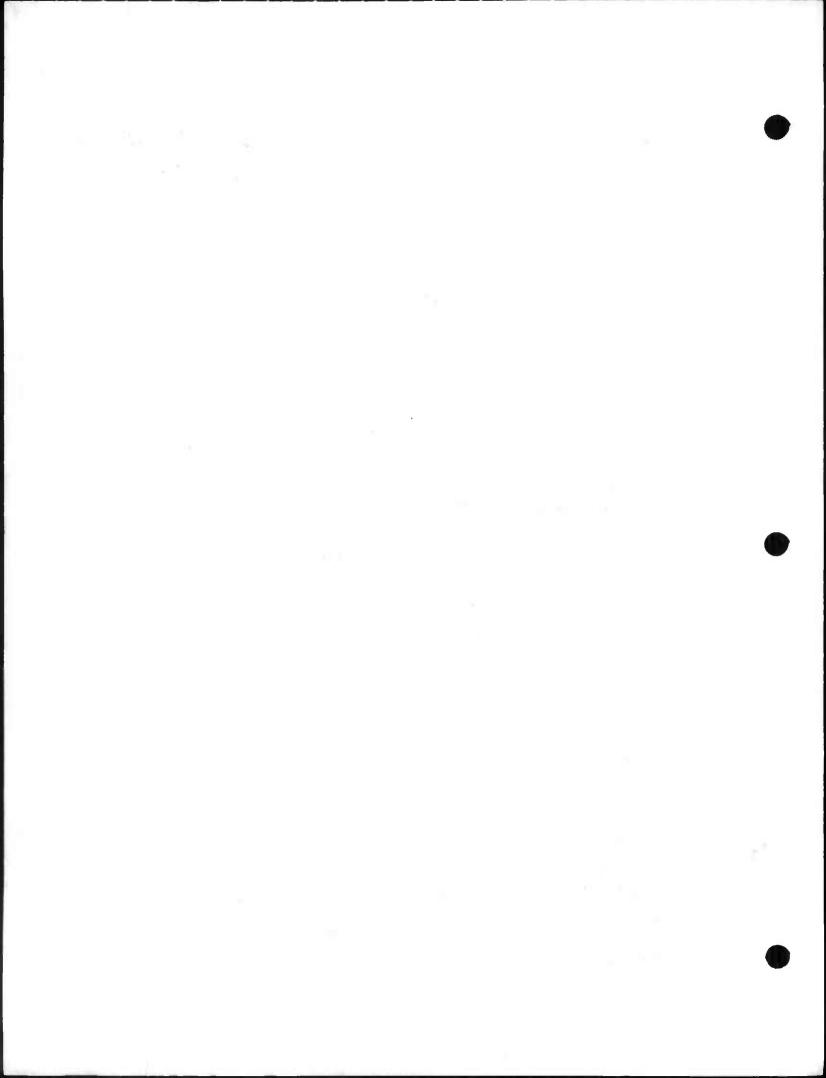
96. CITY, TOWN OR LOCATION OF DEATH

DAYS

B. AGE (In yrs. last birthday)

100 May 100

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIE REG. NO		
		1. DECEDENT'S NAME (First, Middle, Last) JAMES 4. SQCIAL SECURITY NUMBER	JOHNS 5. SEX 6. AGE (In v.	ON, SR	IR 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH	7 9	3. TIME OF DEATH 1. TIME OF DEATH 1. 15 BIFTHPLACE (State or Foreign
plnods		2/6-20-6546 Se. FACILITY NAME (If not institution, give si	1)XM2□F	4 YRS. MONTHS	The second secon	69/13		Country) Hd
1, 2, 3	ECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	U Hospital	BG 10s. CITY, TOWN	ONLOCATION			16d. INSIDE CITY
permit. Pages	AL DIREC	10e. STREET AND NUMBER	1	Ba	101. ZIP CODE		10g. CITIZEN	UMITS? 1 XYES 2 □ NO OF WHAT COUNTRY?
cian. -transit	FUNERAL	3208 Kem 11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 VES 2	S. ARMED 13	. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxk		60 or No — 14.	RACE — American Indian, Black, White, etc.
or attending physion use as the burial	ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade	IF YES, GIVE WAR OR DATE:	n. DECEDENT'S USUAL (1 TYES 2 TO NO Spec	ify.		Specify: Black
the hospital or detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.				
2 2 2 E	BE	17. FAPHER'S NAME (First, Middle, Last) 190. INFORMANT'S NAME (Type/Print)	Johnson	10h MAII ING ADORES	16. MOTHER'S N	AME (First, Middle, Meide	Ger	
ay be ri page 5	TO	EURLYN U), // (ccins	AGE AND DATE OF DISPO	Edword	Aue	BC (1)	by 1212 i
Page Il dire		1 A Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNE HALL SET MICE LIC		21001/18	NAME AND ADDRESS OF F	ACILITY ACILITY	Wing	s Mills, red
nours after death. d in by the funera or removal.		23. PART i. Enter the diseases, or c	Chronications that caused th	e deeth. Do not enta	r the mode of dying, su	ch as cerdiec or res	bash piratory arrest,	Approximate
within and pletely crematic		immediate Cause (Final disease or condition resulting in death)	DUE TO (OR AS A CO	AL FI	PILURE			Interval Betwee
be execucian and ior to but	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	NSEOUENCE OF):				
th certificat ending phy al Hygiene p	ERTIFICATIO	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):				
t the d by the nd Me	ICAL C	PART ii. Other eignificant conditions	contributing to deeth but r	not resulting in the u	nderlying ceuse given in	Part I. 24s. WAS A PERFO	ORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE
le law requires that has been signed b Dept. of Health arn 23 shows any	IN: MEDIC							OF DEATH?
E 8 8 F	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHE	26. PLACE OF OEATH (C R: rsing Home 5 \square Residence			
PHY this with with the	у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED
TTENDI CTOR: A after d	ETED B	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, ferm, atreet, fac	ctory, office	261. LOCATION (Street City or Town, State	end Number or R	lural Route Number,
N ==	COMPLET		IAN: To the best of my knowledg					use(e) end manner as stated.
TO THE TO THE DE THE TO THE THE THE THE THE THE THE THE THE THE	TO BE (296. SIGNATURE AND STATE OF CERTIFIER	D PGYI RES	SIDENT	29c. LICENSE NU #5244	1614-19	29d. DATE SIG	GNED (Morth, Day, Year) 17/93
		ABUL KARIM GARIA 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF GEATH A. M.D. HARBO L32. REGISTRAR'S SIGNATURE	(ITEM 27) (Type, Print) R HOSKIIAL	LEIR. 3001	S. HANDVER	est Bi	ACTIMORE
34		APR 2 1 1993	Julia Davidson-Ro				,	

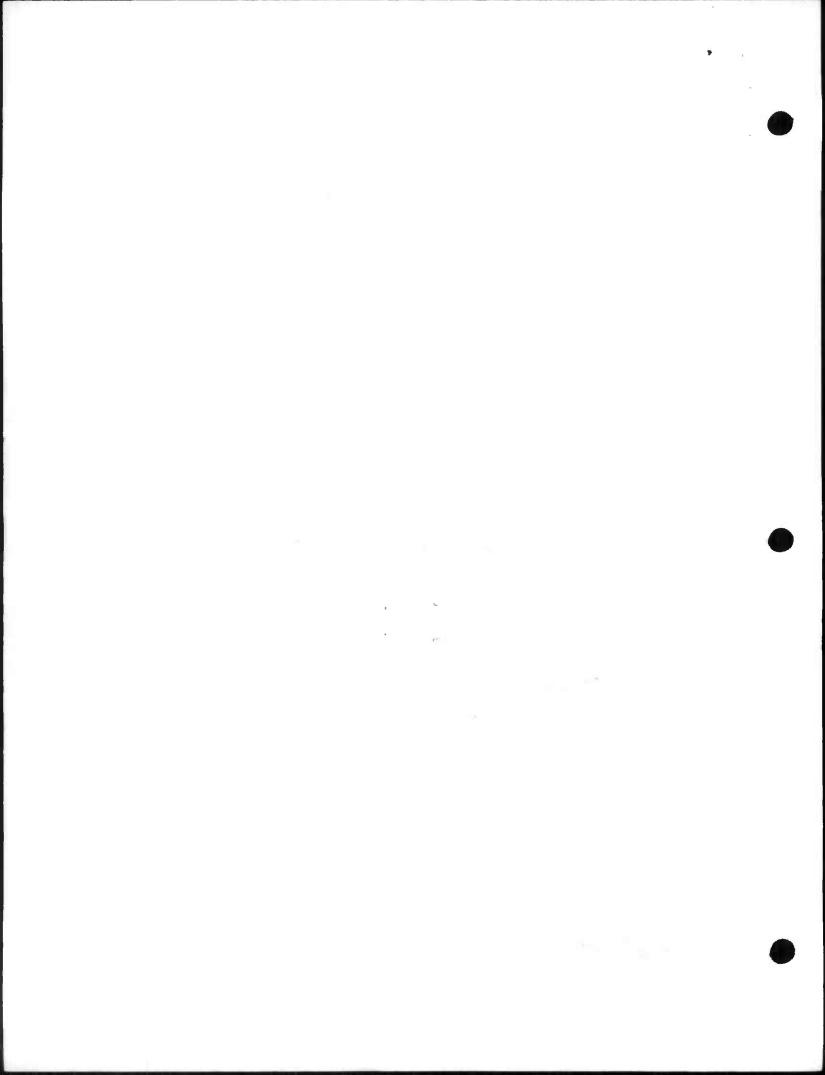


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a count ster death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
}	1. DECEDENT'S NAME (First, Middle, Last)
	Gladys L. Mitchen / MILHEN 3 17 93 / Am H
	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)
	98. FACILITY NAME (If not institution, give street and number) 98. EXTY, TOWN OR LOCATION OF DEATH 99. COUNTY OF DEATH
œ l	Williamsport Nursing Home Williamsport, MD Washington
5	RESIDENCE OF DECEDENT
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. LIMITS? Maryland Washington Hagerstown, MD 1□ yes 2□ NO
רם וני	Maryland Washington Hagerstown, MD 1 □ YES 2 □ NO 100. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?
ERA	17908 Pin Oak Road 21740 USA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Year or No — 14. RACE — American Indian,
BY F	IF YES, GIVE WAR OR DATES 1 YES 2 M NO Specify: Specify:
	3 W Widowed 4 Divorced White 15. DECEDENT'S EQUICATION 168. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY
ETE	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)
MPL	Homemaker N/A
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	Nathaniel J. Rogers Mary Louise Kitchen 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)
2	Charles H. Kitchen, Jr. 17908 Pin Oak Rd., Hagerstown, MD 21740
	20a METHOD OF DISPOSITION 20b PLACE OF DISPOSITION /Name of complete of comple
,	Macedonia UM Church Cemetery Surfiel 2 Cremetion 3 Removat from Stata Macedonia UM Church Cemetery Frederick County, VA
	21. SIGHATURE OF FUNERAL GERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Jones Funeral Home
	Winchester, Virginia 22601
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate interval Batween
	IMMEDIATE CAUSE (Final disease Dr condition a Coute myocardia infarction
	reaulting in death) a. OCCUPATION TO CONTROLLENCE OF:
z	
NT 10	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING
FIC	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	resulting in daeth) LAST
	PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS
CAL	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	1 YES 2 NO OF DEATH?
ž	
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL EXAMINER? HOSPITAL: OTHER:
YSI	1 YES 2 K NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
	27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 1 Netural 5 Panding M 1 YES 2 NO
ВУ	2 Accident Investigation 3 Suicide 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number,
E	4 Homicide determined building, etc. (Specify) City or Town, State)
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated.
Ö	One) 2 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(a) and menner as stated.
BE (29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
2	D 33700 D 33700
	Dr. Ted E. Howe, 18100 Marden Lane, Olney, MD 20832
	31. DATE FILED (Month, Day, Year) 12. REGISTRAR'S SIGNATURE 12. REGISTRAR'S SIGNATURE
	APR 21 835



BALTIMORE, MARYLAND 21215-0020	6 may be retained by the hospital or attending physician.	whose name & should be detected for one on the build among
, BALTIMO	hin 24 hours after death. Page	taly filled in hy the funeral direc-
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTION After this certificate has been sinned by the attendion physician and completely filled in by the fundament of a chould be described for use so the burnet and
DIVISIO	OR ATTEND	DIRECTOR 4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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$\overline{}$					OEIIII	IOAIL				HEG. NO.			
									DATE OF DEATH DA	ş	03	3. TIME OF DEATH	
÷	4. SOCIAL SECURITY NUMBER				4 16		7	2,15 H					
	212-32-900		5. SEX	6. AGE (In yrs	E (In yrs. last birthday) Q1 yrs.		1 YEAR DAYS	HOURS	R 24 HRS. 7	08/30/01			PLACE (State or Foreign
	9a. FACILITY NAME (If not in			71	THS.								yland
œ	Howard Coun	_	The second second	nital			nown i		ION OF DEAT	н	14	NTY OF DI	EATH
DIRECTOR	RESIDENCE OF DEC		erar nos	bitar		COT	umb.	Les			HOV	vard	
Ä.	10e. STATE	10b. COUNTY	_		7.00	Y, TOWN O		NOI					10d, INSIDE CITY LIMITS?
	Md.	Howa	ra		Col	umbi	a						1 TES 2 KNO
FUNERAL	10e. STREET AND NUMBER		12 12 10 20				10	ZIP COD			10g. CIT		HAT COUNTRY?
ÿ	4917 Canv	asback						210	+5			USA	
필	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES 2	X NO	13. 1	MAS DEC	ENDENT	OF HISPANIC on, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—	14. RACE Black	- American Indian, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES	-				Specify:			Specif	white
	15. DEC	EDENT'S EDUC	CATION	16a.	. DECEDENT'S	USUAL OC	CUPATION	ON .		16b. KIND OF BUS	INESS/IN	DUSTRY	MILL CO
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	-	(Give kind of a	work done o			ing				
ם	12				Hon	nemak	er			Own Hom	e		
ŏ	17. FATHER'S NAME (First, M	liddle, Last)					_			(First, Middle, Malden	Sumame)		
ш	Unobtainab							My:	rtle (comes			
TO B	19a. INFORMANT'S NAME (7									nte Number, City or Town			
-	Shirley A.		S		4826	Ilch	est	er R	d., E	llicott Ci	ty,	Md.	21043
	20a. METHOD OF DISPOSITI	ION on 3 🗆 Remo	oval from Stata		CE AND DATE					DATE 20c. LOC			
	4 ☐ Donation 5 ☐ Officer 21. SIGNATURE OF FUNERA			Cres	t Lawr	Mem	ori	al G	ardens	4/20 Syk	esv	ille,	Maryland
	21. SIGHATURE GE-FUNERA	L SERVICE LIC	ENSEE	A		Ga.	Ty .	O ADORE	SS OF FACIL	Funeral	Home	98	
	•/\a	40	(- / or	afore	m		-			Elkridge,			227
	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	IMMEDIATE CAUSE (Fir			n									Onset and Death
ŀ	disease or condition	→		(OR AS A CON	irato	rv	Fai	lure	,				Coweeks
Ì			DUE TO	(OR AS A CON	SEQUENCE O	F): /	- 1		1	-	0		
N	Sequentially list conditions, Due to 109 as a consequence op:												
Ā	if any, leading to imme- cause, Enter UNDERLY!	diata	DUE 10	(OH AS A CON	ISEQUENCE O	F); 1		*		,			
CERTIFICATION	CAUSE (Disease or inju- that initiated events		DUE TO	(DR AS A CON	ISEQUENCE O	FI:							-
E	resulting in death) LAS	Т		,		<i>Y</i> .							i
			1										1
EDICAL	PART ii. Other significa					in the un	derlyin	cause	given in Pa	rt I. 24s. WAS AN /		24b.	WERE AUTOPSY FINDINGS
8	<u>pre</u>	edycard	lic Card	inc A	rest					_ 1 _ YES 2	XNO		COMPLETION OF CAUSE OF DEATH?
ME	-									_	0		1 TES 2 NO
ä													- ' '
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HQ6PITAL:			OTHER		ACE OF E	DEATH (Check	only one)			
ΙΥS	1 YES 2 NO		1	ER/Outpatien		4 🗆 Nurs	ing Hom	_	-	Other (Specify)			
	_	Pending	28a. DATE DF (Month, D		28b. TIM	URY		RK?		Bd. DESCRIBE HOW IN	JURY OC	CURED	
B	2 Accident	Investigation	28a PLACE O	E IN HIDY A	Lhama farm	-1		/ES 2 [
		Could not be determined	building,	F INJURY — At etc. (Specify)	i nome, rarm,	street, secti	огу, отте	•	2	61. LOCATION (Street at City or Town, State)	nd Number	r or Rural R	oute Number,
	29e, CERTIFIER							- UE-1					
<u> </u>	(Check only									the cause(s) and man			
COMPLET				xamination and	/or investigatio	n, in my o	pinion, d	eath occu	red at the tim	ne, date and place, and	due to ti	he cause(e)	and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUMBE	ER C	29d. DAT	E SIGNED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF	sell	e m					d	1945	5	P .	1/16	193
	30. NAME AND ADDRESS OF	011	- A. A	O C I	TTEM 27) (Type	٨		6.4	11 -	11 - 0		4	21/12
	31. DATE FILED (Month, Day,	Gelle.		I O C	UIX /	YMMa	Poli	5	(a f	Micott (ity	MD	21042
	APR 2 1 19	193	1 22. RECTISTRA	on fond	102						,		

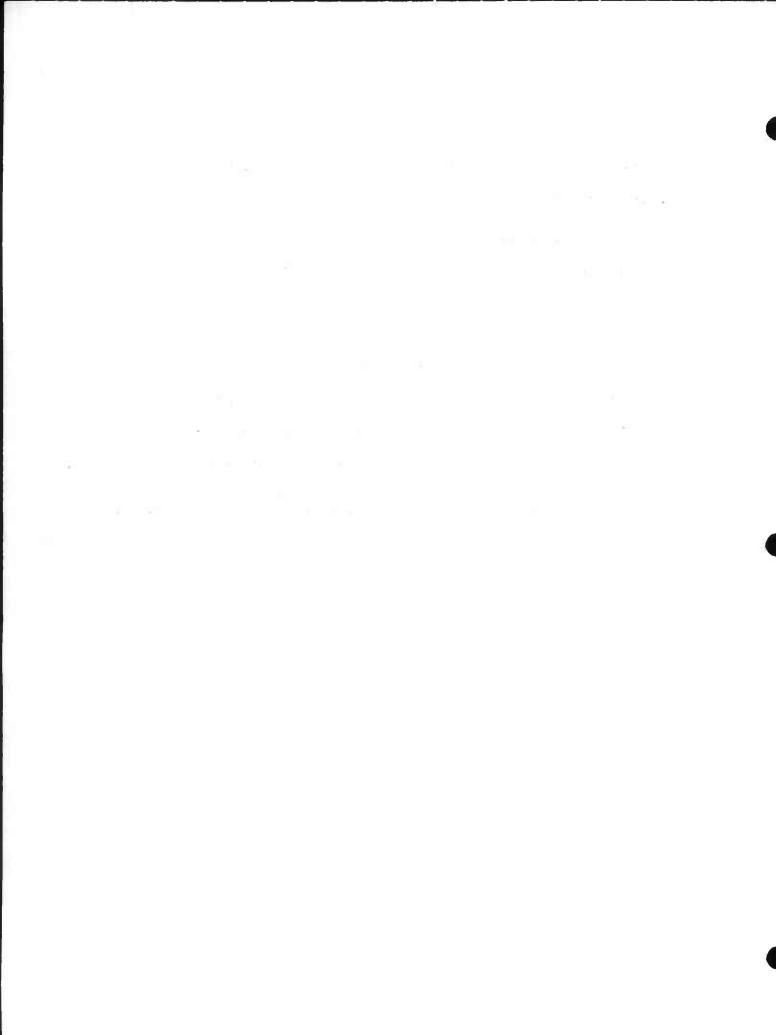
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(^	spen 1, 3 should
BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

מערווואסוורי שלעוו רעונס	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	2	8	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

						CAIL	01	DEA		REG. NO.			
	1. DECEDENT'S NAME (First Oscar Wil	Oscar William Kahmer 2. Date of Death Month Day year 4 20 93 2200											
- 0	4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. las					in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS, 7			7. DATE OF BIRTH			PLACE (State or Foreign	
	212-01-543	_	1 🔀 M 2 🗆 F	90						(Month, Day, Year) 1/14/03		Country	//d
	9a. FACILITY HAME (If not in					9b. CITY, 1	OWN	OR LOCATIO	ON OF DE	ATH	9c. COU	NTY OF DE	A-10
6	St. Agnes 1		a1			Ва	lti	more					
<u> </u>	RESIDENCE OF DEC	10b. COUNT	v		10- 017	Y, TOWN OR	1000	rien					
DIRECTOR	Md		ltimore		ioc. Cit	T, TOWN ON	LOCAL	IION					10d, IHSIDE CITY LIMITS? 1 YES 2 NO
BY FUNERAL	100. STREET AND NUMBER 22 Cedarwo	ood Roa	ad				101	212				ZEH OF W	HAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDENT			13. W	S DEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Yes	or No.	14 BACE	- American Indian,
-	1 Never Married 2		FORCES? 1 [IF YES, GIVE WA		Ю	of :	/es, sp	2 JNO	n, Mexican	, Puerto Rican, etc.)		Black	, White, atc.
	3 🔀 Widowed 4 🗌 Divo	rced	.00.0 11.00.001					z Kio	эрвину.			Specif	white
COMPLETED		EDEHT'S EDU highest grade		(G	ive kind of v	USUAL OCC	UPATIO	ON ist of worldn	10	16b. KIND OF BUS	IHESS/IND	USTRY	
3	Elementary/Secondary (0	l-12)	College (1-4 or 5+)	life.	. Do NOT us	e retired.)							
M	17. FATHER'S HAME (First, M	Eddle 4 1		Ac	count	tant				Manufa	_	ing	
			a.h							NE (First, Middle, Malden	Surname)		
BE	Louis Phil		anner	1 40		177777				Conder			
2	Wyane E. Ka	hmer		19	22 C€	edarw	ood	Road	d, Ba	alto, Md.	21228	Code)	
	20a. METHOD OF DISPOSITI 1 🔯 Burial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other	n 3 🗆 Rem	oval from State	20b. PLACE A cometery, cre Wood1	and date of matory or of awn	proisposit Ther place) Cemete	on/Na ery	me of		4/24/93	Balt		vn, Stata ce, Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22. N/	ME AN	ID ADDRES	SS OF FAC	*****			
	► Cita	2 (alt	Mary		730	5 E	dmono	lson	n Funeral	alto.	Md.	21228
	23. PART I. Enter the di shock, or he	seeses, or c	complications that List only one caus	caused the de	ath. Do n	ot enter th	e mo	de of dyl	ng, auch	as cardiac or reaple	retory arr	eat,	Approximate
	IMMEDIATE CAUSE (Fin		only only out	o on outli line	*								Interval Between Onset and Daath
	disease or condition	+	DUE TO (2019	15								
			DUE TO (OFF AS A CONSEC	DUENCE OF	7):					-		
CERTIFICATION	Sequantially list conditi		b. DUE TO (C	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECU	THENCE OF	ue u	M	100	ins	2			
YAT	If any, leading to immed cause. Enter UNDERLY!	NG	•	1		1		1	0				
Ĕ	CAUSE (Disease or Inju that initiated events	7	DUE TO (C	OR AS A CONSE	DUENCE OF):	/ 6/	1 9	1	•			+
ᄩ	resulting in death) LAS	т 🌓 ,	d										!
- 11	PART II Other election	nt non-dition											
EDICAL	PART II. Other algnifica	nt condition	s contributing to d	eeth but not r	eaulting i	n the unde	erlying	g cause g	iven in P	Part I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă										1 [] YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ										_			1 TES 2 HO
N N	25. WAS CASE REFERRED TO												
PHYSICIAN:	EXAMIHER?	MEDICAL	HOSPITAL:			OTHER:	28. PL	ACE OF DE	EATH (Chec	ck only one)			
× ₹	1 YES 2 NO		1 S Impatient 2 1		_					Other (Specify)			
BY P	Netural 5	Pending nvestigation	(Month, Day	Year)	26b. TIME IHJU	URY	Sc. IHJI WO 1 Y	URY AT RK? (ES 2		28d. DEŞCRIBE HOW IH	JURY OCC	CURED	
	3 Suicide 8	Could not be determined	28a. PLACE OF building, at	IHJURY — At ho c. (Specify)	me, ferm, s	treet, factor	, office			281. LOCATION (Street at City or Town, State)	nd Humber	or Rural Ro	oute Number,
9	29a. CERTIFIER						_						
COMPLETED										o the cause(a) and men ime, data and placa, and			and manner as stated.
H	29b. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	HSE HUME	BER	29d. DATE	SIGHED	(Month, Day, Year)
2	20 NAME AND ADDRESS OF	DETROC	A A A A A A A A A A A A A A A A A A A	>							100	1/2	0/93
	30. NAME AND ADDRESS OF	CY/E	S LOSO	of DEATH (ITEM	1 27) (Type, 20 (Print)	N	A	V .	solt.	MD	2	11229
	31. DATE FILES (Month Day	APR 2	32. REGISTRAR	S SIGNATURE	· idon	Manda	92			Solt.			
		_				-							



BALTIMORE, MARYLAND 21215-0020	iours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ht the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funers be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

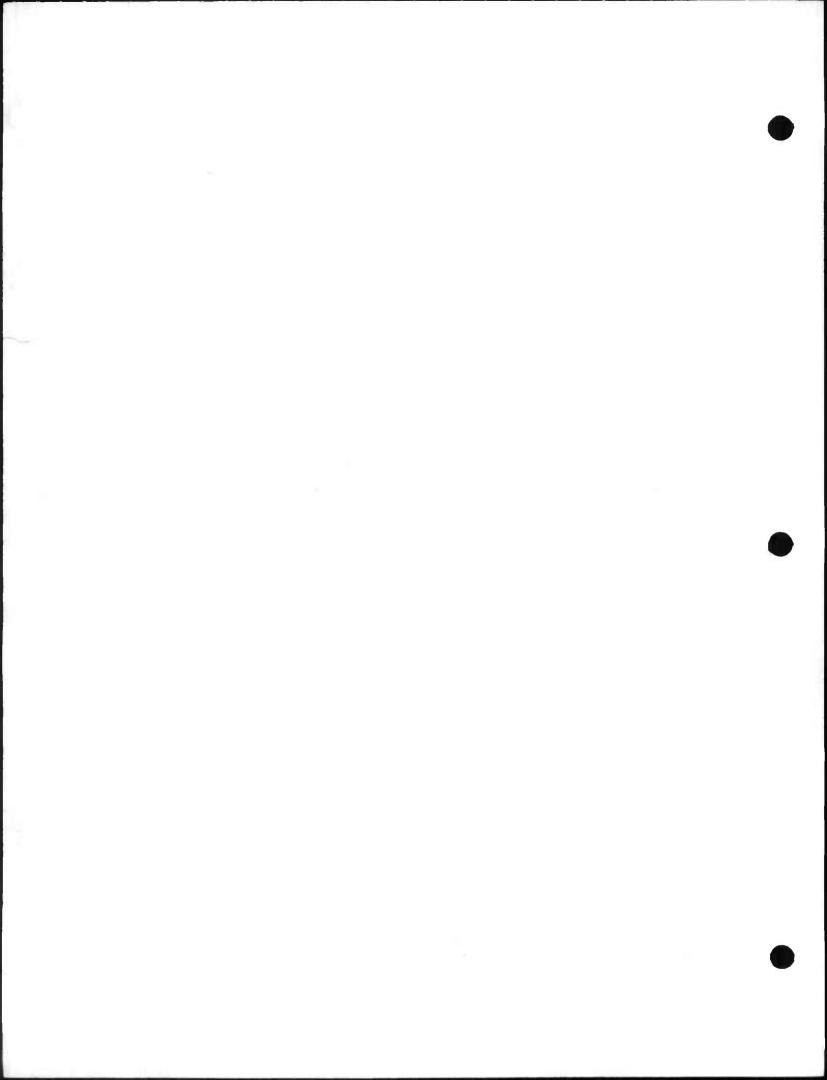
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1.4	2. DATE OF DEATH

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			IENTAL HYGIEN		,0 1101
1. DECEDENT'S NAME (First, Middle, Last) IRENE	Knox				2. DATE OF DEATH	9 93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-24-3096 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	63 YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Mar) 5 - 30 - 29	8. B	MRTHPLACE (State or Foleign country) Ni D
Levindale Nur	sing Home		Balti	more			
M D 106. COUNT	Y		town on Locat timore	1			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
2600 Cylburn			- V	21215		ŊS	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2)(NO		city Cuban, Mexican	C ORIGIN? (Specify Yo , Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 1 2 t h		16a. DECEDENT'S US (Give kind of wo life. Do NOT use COSMET	rk done during mo retired.)	N st of working	16b. KIND OF BU	JSINESS/INDUST	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Maide	n Surname)	
Joseph Loric					Rahner		
David Knox					Baltimo		
20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☑ Cremation 3 ☐ Res	noval from State of	b, PLACE AND DATE (OF OISPOSITION	(Name	DATE 20c. L	OCATION City	or Town, State
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		cemetary, crematory of Penmou		etery		ltimor	e, MD
23. PART i. Enter the diseases, or	tto K.	forces	WM C	. MARCH	F.H./1		NORTH AVE
IMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO COR AS	S A CONSEQUENCE OF):	re	ir A	cident	No.	Interval Betwee
PART II. Other algolificant condition	na contributing to death t	but not resulting in	the underlyin	g cause given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	ACE OF DEATH (Che	ck only one)		
1 TYES 2 NO	1 Inpatient 2 ER/Out 28a. OATE OF INJURY		□ Nursing Hon	ury at	6 Other (Specify) 25d. DESCRIBE HOW	IN HERY COCHE	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1	PBK?	298. DESCHIBE HOW	INJUNT OCCUR	=0
3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, str colly)	reet, factory, offic	•	28f. LOCATION (Stree City or Town, State		Rurel Route Number,
const only	SICIAN: To the best of my know						luse(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	EM /	-		29c. LICENSE NUM	IBER	29d. DATE SI	GNEO (Month, Day, Year)
Abba Wes	& hem	NO		D23	767	D 41	20/93
2434 W.	to completed cause of de	EATH (ITEM 27) (Type, I		BALZ	o. Ad	21	215
APR 2 1 1993	PANA LALKON	Margland.					

DIVISION OF VITAL RECORDS,	THE OR ATTENDING PHYSICIAN: The law requires that the deal	
DF VIT	YYSICIAN: T	
AL.	he law	
REC	requires	
OR	that ti	
S,	ne deal	

	1 - FOR STATE REGISTRAR	E OF MARYLAND / I	DEPARTMENT RTIFICATE	OF HEALTH AND OF DEATH	MENTAL HYGIEN REG. NO.	
		derick Will	Ciam Kri	ıg	2. DATE OF DEATH	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest t	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	212-10-8640 1X M 9e. FACILITY NAME (If not institution, give street and n	,	YRS,	F-3.27A	6-27-19	1
<u>م</u>			9b. CITY,	OWN OR LOCATION OF E	DEATH	9c. COUNTY OF DEATH
18	Franklin Square Hosk	ntal		Rossville		Baltimore
DIRECTOR	100. STATE 10b. COUNTY Bal	?timore	10c. CITY, TOWN OF		dalk	10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
IA I	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	7314 Berkshire Road			212	24	United States
B≺	1 Never Married 2X Y Married FOR	DECEDENT EVER IN U.S. ARMICES? 1 Types 2 X NO) If	AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 2 X NO Spec		or No— 14. RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECR	EDENT'S USUAL OCC kind of work done du	UPATION	16b. KIND OF BUS	SINESS/INDUSTRY
COMPLETED		(1-4 or 5+)	Do NOT use retired.)			
IM I	8th Grade 17. FATHER'S NAME (First, Middle, Last)		Plant Fo			k Dairy
	William Krug				AME (First, Middle, Maiden	Sumame)
H	19a. INFORMANT'S NAME (Type/Print)	105	MAIL INC. A CORPEGO		Albert Route Number, City or Town	
2	Mrs. Agnes Krug				Dundalk. N	
	20e. METHOD OF DISPOSITION	20h PLACEAN	ID DATE OF DISPOSIT	OM (Name of	04TE 200 LO	CATION City or Town State
	1 A Buriel 2 Cremetion 3 Removal from 4 Donation 5 Other (Specify)	State cemetery, creme	atory or other place)	опи 4/1	9/93 Bo	altimore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	01.1	22. N	ME AND ADDRESS OF F	MCILITY	
	1 hall -	Z.//				ne of Dundalk, Inc.
	23. PART I. Enter the diseases, or complicat	liona that coused the deaf	th. Do not entar t	1922 Wase	ch as cardiac or reaple	ratory arrest, Approximete
	ahock, or heart fallure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in desth) s.	DUE TO OR AS A CONSEQU				Interval Between Onast and Death
z		Lower	CT !	200 2		
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEOU				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury					
崑	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQU	ENCE OF):			
	d					
AL S	PART II. Other aignificant conditions contrib	uting to deeth but not res	sulting in the und	erlying cause given in	Part I. 24s. WAS AN PERFOR	MED? AVAILABLE PRIOR TO
MEDI						1 TYES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL					
일	EXAMINER? / HOSPI		OTHER:	26. PLACE OF DEATH (C		
PHYS		. OATE OF INJURY		g Home 5 Residence		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY M	BC. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	LIURY OCCUREO
ВУ	2 Accident Investigation 26e.	PLACE OF INJURY — At home	e, ferm, street, factor		261 LOCATION (Street a	and Number or Rural Route Number,
8	4 Homicide determined	building, atc. (Specify)		,	City or Town, State)	ronder of rider roote ridinger,
2	290. CERTIFIER CERTIFYING PHYSICIAN: To N	he best of my knowledge, death				
COMPLET						ner as stated. d due to the cause(a) and menner as stated.
ш	29b. SKONATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. OATE SIGNEO (Month, Day, Year)
TO B	John Schle	udulyn		036	951	× 4/14/93
F	30. NAME AND ADDRESS OF PERSON WHO COMPLE	Schlue de		no 101	2 OLD A ALTIMOR	FT. RD. = 21224
	31. DATE FILED (Month, Day, Year) APR 24/12977 3 Julia Dec	Madama-Handall	1		, 0,0,0	2100





3. TIME OF DEATH 205

8. BIRTHPLACE (State or Foreign

Md.

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

USA

Afr.

Specify:

21217

Approximate

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 ☐ YES 2 ☐ NO

Onset and Death

TES 2 NO

American

4 4

REG. NO

MONTH 4/15/93

2. DATE OF DEATH

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1993

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Street, or other Persons	
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4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 11/26/34 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F 58 215-30 9054 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2744 Riggs Ave. DIRECTOR (Home) Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWH OR LOCATION Md Baltimore 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2744 Riggs Ave. 21216 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 TYES 2 TO NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Po Elementary/Secondary (0-12) College (1-4 or 5+) detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David Lide filled in by the funeral director, page 5 should be ion, or removal. Ħ Annie BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 Annie Lide 2744 Riggs Ave. Balto. Md. 21216 9 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must 4 Donation 6 Other (Specify) Arbutus Park 4/19/93 Arbutus, Md. examiner 21. SIGNATURE OF PHINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. medical 23. PART I length the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, anock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final attending physician and completely fille mal Hygiene prior to bunal, cremation, event, the disesse or condition 0 resulting in death) executed within Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING death certificate be CAUSE (Disease or injury other TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 Injury, een signed by the of Health and Mer PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? law requires that the MEDICAL shows any this certificate has been PHYSICIAN: Dept. 23 25. WAS CASE REFERRED TO MEDICAL The Item 28. PLACE OF DEATH (Check only one) the State **EXAMINER?** 1 TES 2 NO OTHER: ATTENDING PHYSICIAN: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗌 Nursi ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d, OESCRIBE HOW INJURY OCCURED is marked, death with Natural
Accident 1 YES 2 NO DIRECTOR; After thours after death BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 28 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 2 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Da7087 H lexander 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TON CLINIC, Inc 101 W. Read St. Balt 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89

use as the burial-transit permit. Pages 1, 2, 3 should

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LARON LOCKE M.D.

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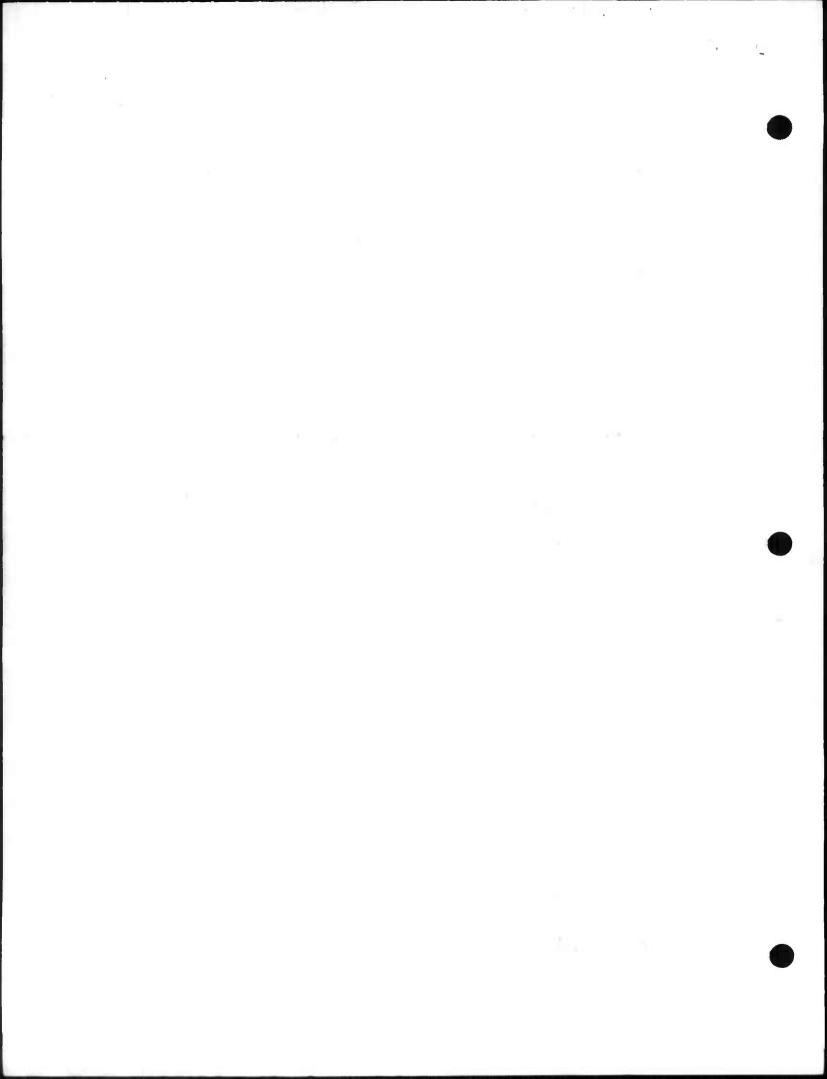
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
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93 11579 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0 4 1993 YEAR DAY 10 DAVID W. 8:07 MAY AM 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) 1 / M 2 | F DAYS HOURS YRS. Unknown 18 10-14-74 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 10420 GUILFORD ROAD **JESSUP** HOWARD 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Unknown Unknown Unknown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Unknown Unknown USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/7NO 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Unknown Unknown Unknown 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kem Edward May Mandy Reynolds BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert C. May 8300 Old Kings Rd. South, #29, Jacksonville, FL 32217 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State ซิลิโร๊โฟซ์หย่ะฟิลิริhington Crematory| Laurel, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata interval Between **IMMEDIATE CAUSE (Final** Onset and Death disesse or condition . HANGING resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO XXYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: Other (Specify) WOODED AREA TY YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Residence 28e. DATE OF INJURY Month, Day, Year) FOUN 38b. TIME OF INJURY 04/10/93 8:00A M 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation SUBJECT HANGED SELF 1 TES 2 NO В 2 Accident 28a. PLACE OF INJURY - Al home, larm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 X Suicide COMPLETED 8 Could not be 281. LOCATION (Street and Number of Planet Provide Rediffusion, City of Yours, State)

10420 GUILFORD RD/COUNTY 4 Homicide WOODS 28s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placs, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated. ANO TITLE OF CERTIFIER SHOWATE BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 04/11/1993 O.C.M.E. 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland
32. Richtstrang Signature



BALTIMORE, MARYLAND 21215-0020	seath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page intal Hygiene prior to bunal, cremation, or remoral.
i, P.O. BOX 68760,	leath certificate be executed within 24 in	attending physician and completely filled in by the rital Hygiene prior to burial, cremation, or removal

		1	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI	MENT OF H	EALTH AND	MENTA	L HYGIENE REG. NO.			
4		i	1. DECEDENT'S NAME (First, Middle, Last)	,					OF DEATH		3. TIME OF DEATH	1
		J	JANAY	BRIANA	MIT	CHELL		0 4	10	93	11:30	A M
			4. SOCIAL SECURITY NUMBER 212-37-9485	5. SEX 6. AGE (#	MC	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.		OF BIRTH h, Day, Year)		HPLACE (State or Fore	eign
COURS		1	9a. FACILITY NAME (If not institution, give s		YRS. {	3 8			-1992		yland	
	1 6	5	DOCTORS COMMU			LANHAN	or location of D	EATH		OUNTY OF	GEORGES	
	DIRECTOR	F	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			OWN OR LOCAT			FIV	NCE		
Page	E C	5	112.5	nce George's	Total Get 1, 1						LIMITS?	
permit		- 1	10e. STREET AND NUMBER	TICE OFOLKE P		Greenb 101.	. ZIP CODE		10g.	CITIZEN OF	TYPY YES 2 ☐ N	10
020 physician. burial-transit permit.	FUNERAL		26 C Crescent Ro				20770)		USA		
20 frysicii	15	2	11. MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 / NO		ENDENT OF HISPA		? (Specify Yes or No- Rican, etc.)	- 14. RAC	E — American Indian	1,
5-0020 nding physic is the burial	8	ā	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES		2 NO Specif		, , , , , , , , , , , , , , , , , , , ,	Spec		
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran	9	}	15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATIO	ON .	16b.	KIND OF BUSINESS	INDUSTRY	DIACK	
2121 ital or atte	once.	i	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	stired.)	st of working					
AND he hospit	once.	-	12 FATMED'S NAME (First Aliddle (pat)		N/A					N/	A	
YLA by the be det			17. FATHER'S NAME (First, Middle, Lest) Warren Lar	mont Mitchell					Aiddle, Maiden Sumam	-,		
MARYL retained by 8 5 should be	8 8		19a. INFORMANT'S NAME (Type/Print)	mont witcueii		DRESS (Street a	nd Number or Rural	imber	rly Renae	Spiv	ev	
		<u>:</u> [Warren L. Mitche	e11					Lt. Md. 2			
RE, may be	et be		20a, METHOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Rame	20b.1	PLACE AND DATE OF D	NSPOSITION /Na	ma of	CATE	20c LOCATION	- City or T	own, Stata	
MO age 6 directo	ar must]_	4 Donation 5/ Other (Specify)	На	etery, cremetory or other rmony Mem	orial I	Park 4-	16-93	3 Landov	er, M	laryland	
BALTIMORE, ter death. Page 6 may bo the funeral director, page wal.	examiner		21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE		22. NAME AN	D ADORESS OF FA	CILITY	ineral Ho			
BAI ther desi		4	· Word frame			6160 (Oxon Hil	1 Rd.	Oxon Hi	11. M	d. 20745	
BALTIMORE, acuted within 24 hours after death. Page 6 may be burial, cremation, or removal.	event, the medical		snock, or neer failure. List only one cause on each line.								Approximatinterval Bet Onset and	tween
(68760, executed within and completely oburial, crema				DUE TO (OR AS A	CONSEQUENCE OF):		_					
8 0	CATION	Sequentielly list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):										
BOX ficate be ophysician	ICA ITS		CAUSE (Disease or injury	c			·					
O ding	or other ERTIFIC		that initiated events resulting in death) LAST	OUE TO (OR AS A C	CONSEQUENCE OF):							
S, P death e aften fental H	CEI LE			d							<u> </u>	
2 H 2 E	5 3	: 11	PART II. Other significant condition	a contributing to deeth bu	it not resulting in t	he underlying	cause given in	Part i.	24s. WAS AN AUTOPS PERFORMED?	SY 248	AWAILABLE PRIOR TO	0
VITAL RECOR	shows am							- 1	1 XYES 2 NO		OF DEATH?	
نے ہے ج	S show							-			1 YES 2 NO)
VITAL I	SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (Ch	eck only one	9)			
CLAN: 1			XX YES 2 NO	HOSPITAL: 1 Inpatient 25 ER/Ouipat		THER: Nursing Home	5 🗆 Rasidenca	6 🗆 Other	(Specify)			
O STATE	P F		27. MANNER OF OEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WOF	RK?	28d. DE\$	CRIBE HOW INJURY	OCCUREO		
ON DING F After death			2 Accident investigation 3 Suicide & Could not be	26a. PLACE OF INJURY	- At home, farm, stree		ES 2 NO	281 1.004	TION (Street and Num	has as Dural	Decree Aliceber	
ISI TTEN TOR	2 E		6 Could not be detarmined	building, atc. (Specif)	V)	4, 1		City o	or Town, State)	Der UT FTURGE	Number,	
	PLET	1	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	edge, death occurred a	t the time, data :	and place, and dua	to the cau	se(s) and manner as	etalad		
THE HOSPITAL THE FUNERAL filed within 72	MPORTANT: If ite			R: On the beals of examination							a) and manner as stat	ted.
THE HO THE FUR	SE C		THE SECRETURE AND TITLE OF CONTIFIEN				29c. LICENSE NUI				(Month, Day, Year)	-
5 5 3	S B	1	Ronald AU	night MD			O.C.M.	Ε.	•	04/1	1/93	
	-	3	30. NAME AND AODRESS OF PERSON WHO									
		\vdash	31. DATE FILED (Month, Day, Year)	132, AEGISTRAR'S SIGNAT	1 Penn S	Street	, Balt	imor	e, Mary	land	21201	
	1	1	100 01 1042	THE STORAL	-P							

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31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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93 11581 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MUELLER МОМТН P49 P . VERNON 8:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 06/27/20 212-16-9935 1 X M 2 F 72 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERSITY HOSPITAL S.T.U. FUNERAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Ferndale 10e. STATE 10d. INSIDE CITY Anne Arundel 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 105 Emerson Avenue 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yee or No—II yes, specify Cuben, Maxicon, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried ВY 1 TES 2 NO Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 Retired Westinghouse 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Lawrence J. Mueller Grace Macher BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Lillian G. Mueller 105 Emerson Avenue, Ferndale, Md. 21061 20s METHOD OF DISPOSITION
1 M Burlel 2 Cremellory 3 C
4 Denstion 5 Other Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 3 🗆 Re 04/23 Loudon Park Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes an O. 5695 Main St., Elkridge, Md. 23. PART I. Enter the disease. or complications that caused the death. Do not enter the mode of dying, euch as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate e. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Head Injuries resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly liet conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST MEDICAL PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 XYES 2 NO 1 YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

X YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 I DOA OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 4-19-1993 1 Natural 5 Pending Investigation 1 YES 2 NO SUBJECT FELL DOWN STEPS В 2 M Accident 26s. PLACE OF INJURY — At home, farm, street, lectory, office building, atc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

105 EMERSON AVE 6 Could not be COMPLETED 4 Homicide AT HOME 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 2XXMEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) luct no enno O.C.M.E. 4-20-1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3. REGISTRAR'S SIGNATURE

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1: Kriednon

111 Penn Street, Baltimore, Maryland

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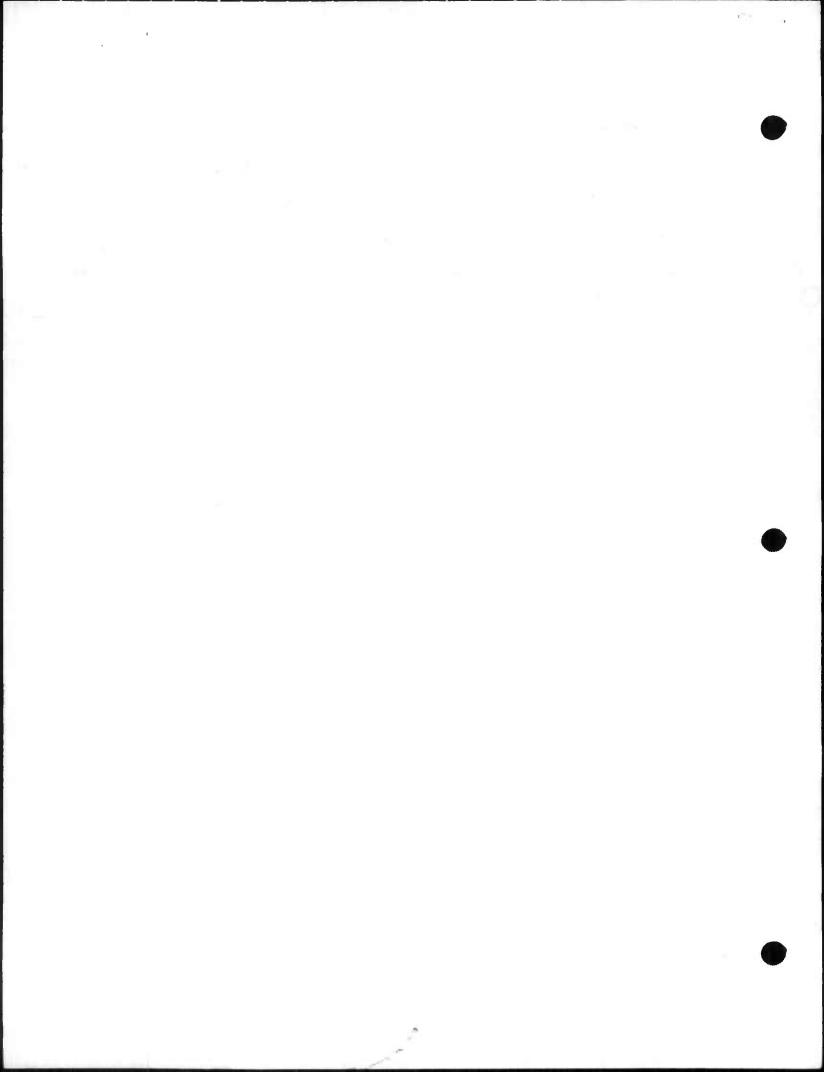
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
MARYLAND 21215-0020 strained by the hospital or attending physician 5 should be detached for use as the burial-trant permit points 1, 2, 3 should notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR		1. DECEDENT'S NAME (First, Middle, Last) SUZANI			5		2. DATE OF E	18	YEAR 2. TIME OF DEATH M	
		4. SOCIAL SECURITY NUMBER 320-30-2800 80. FACILITY NAME (If not institution, give str	1 - M 2 XF 5	6 YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 07/04)	/36	8. BIRTHPLACE (State or Foreign Country) OK.	
	JOHNS HOPKINS RESIDENCE OF DECEDENT		CENTER		TO MO		9c. COL	UNTY OF OEATH		
	MD. Ann	10c. CITY, TO	-				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	100. STREET AND NUMBER 2730 Hambleton R 11. MARITAL STATUS	III C ADMED	101. ZIP CODE 21140 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee)				109. CITIZEN OF WHAT COUNTRY?			
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	II yes, sp	pecify Cuben, Mexica S 2 NO Specif	in, Puerto Rican	14. RACE — American Indian, Black, White, etc. Specify: White			
	PLETEC	15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use red Mana	done during m tired.)	ON ost of working		of Business/in	7-0	
MARYLAND 212- retained by the hospital or att 5 should be detached for use notified at once.	1111	17. FATHER'S NAME (First, Middle, Last) Irwin A. Hecht		2 2				, Meiden Surname)		
MARY retained by 5 should b	TO BE	19e, INFORMANT'S NAME (Type/Print)				end Number or Rural	Floute Number, C	ty or Town, State, Zi		
E y be	1 1	Irwin A. Hecht 20e. METHOD OF DISPOSITION 1 Disposition 3 Remont 4 Donetton 8 Other (Specify)	al from State come	PLACE AND DATE OF D	ISPOSITION (N.				- City or Town, State	
BALTIMORE, I nours after death. Page 6 may be d in by the funeral director, page or removat. medical examiner must be a		21. SIGNATURE OF DIVERAL SERVICE LICE	HEER L	akland Cei	22. NAME A	ND ADDRESS OF FA	an Fune	woodsto eral Hom	es Illinois	
BA nours after do d in by the to or removal.	Н	23. PART I. Enter the diseases or co	mplications that caused	the death. Do not	5695	Main Str	eet. E	kridee.	Md. 21227	
24 hours r filled in Bion, or re		IMMEDIATE CAUSE (Final disease or condition resulting in death)	MTRA	CEREB	BRAL	HEN	10 R R	HAGE	interval Between Onset and Death	
68 execute and co buria	NOIT	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) Due to (or as a consequence of): ASEPTIC SEPTIC SHOCK SYNAROME 10 day Due to (or as a consequence of): LIFFUSE LARGE CELL LYMPHOM A GMONTH								
OS, P.O. BOX 68 to death certificate be execut the attending physician and or Mental Hypiene prior to burit jury, or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	E Cé	eu l	7MP	Hom A	6 MONITHS	
DS, the deat the ath I Menta injury,		PART II. Other significant conditions	Part i. 24s.	WAS AN AUTOPSY						
Sign Heal	MEDICAL	ACUTE	RENAL FAILURE				1 _	PERFORMEO? 1 YES 2 NO OF COMPLETION OF COF DEATH? 1 YES 2 N		
- 2 8 8 N	PHYSICIAN:	CHEMOTHER A 25. WAS CASE REFERRED TO MEDICAL	PY INBUIC	ED 1						
F VITAL SICIAN: The law certificate has in the State Dept 1, or item 23	rsic		HOSPITAL: Inpatient 2 - ER/Outpa		THER:	ne 5 🗆 Residence		city)		
OF PHYSIC this ce with th	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Wo	JURY AT DRK? YES 2 NO	28d. DESCRIB	E HOW INJURY OC	CURED	
TISIC TTENDI TTENDI TTOR: A after de	<u>n</u>	3 Suicide 6 Could not be determined	28e, PLACE OF INJURY building, etc. (Specific	— At home, ferm, street fy)	t, factory, offic	ie .	26f. LOCATION City or Tou	(Street and Number n, State)	or or Rural Route Number,	
	COMPLET		AN: To the best of my knowle On the basic of examination						sted. the couse(s) and menner so stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE (29b. SIGNATURE AND TITLE OF CENTIFIER	uf e	CLINICAL	10	29c. LICENSE NUI	355	29d. DAT	TE SIONED (Month, Day, Neer)	
1		30. NAME AND AGORESS OF PERSON WHO ALEX AD JET 31. DATE FILED (Month, Day, Year)	JOHNS	HOPK		ONCOR (TR 6	00 N i	VOLFEST BALTIMON	
		APR 21 1993	32. MEGISTRAB'S SIGNA	-Aandell						

and the same of

BALI IMURE, MARTLAND 21213-0020	is hours after death. Page 6 may be retained by the hospital or attending physician,	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 88769, BALLIMORE, MARTLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely fit hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation

1. DECEDENT'S NAME (First, Middle, La							
THem	AS	MOR	TON		2. DATE OF DEATH	17 19	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-07-1266	5. SEX 8. AGE	(In yrs, last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreig
9e. FACILITY NAME (If not institution, gi	, ,	01	AL OUTH TOW		1-23	- 1 -	Va
RESIDENCE OF DECEDENT 10a. STATE 10b. COU	1. 1505P			NOR LOCATION OF D		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT				20 27			
10a. STATE 10b. COU	>1	194	, TOWN OR LO	-			10d. INSIDE CITY LIMITS?
	179		ETIN				1 YES 2 NO
	LFORD AVE	-1		10f. ZIP CODE	218	10g. CITIZEN	S A
1 10101 110101 1100	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.) //:	s or No- 14.	RACE — American Indian, Black, White, atc.
							BLACK
15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S (Give kind of w	ork done during	ATION most of working	16b. KIND OF BU	SINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT usu					
12th 17. FATHER'S NAME (First, Middle, Last)		Auto	<u>Paint</u>				
				100 miles 100 mi	AME (First, Middle, Melden	Sumame)	
Robert W. Mor	LOII				e Taylor		
194. INFOHMANT'S NAME (Type/Print)					Route Number, City or Tox		
Ruth Morton					./Baltim		
1)(C)(Buriel 2 Cremation 3 C R	lemoval from State 20	metery, crematory or off	her place)		1	CATION — City	
4 ☐ Donation S ☐ Other (Speuly) _ 21. SIGNATURE OF FUNEFIAL SERVICE	LICENSEE	egar Hi		Metery AND ADDRESS OF F		ne Ar	undel Co.
Skin	the Kil	has	22. NAME	AND ADDRESS OF F	TOTAL T		
1 Vine	Well'y	ones	MM	C. MARCH	F.H./11	01 E.	NORTH AV
23. PART I. Enter the diseases, a	or complications that cause ire. List only one cause on	ed the death. Do n	ot enter the	mode of dying, suc	ch as cardiac or resp	iratory arreat	, Approximat
IMMEDIATE CAUSE (Final		1111					Interval Bet Onset and
disease or condition resulting in death)	a. CARDIF	+C AV	RREC	57			Ţ
INDICANA SA CONT.						1	
Sequentially list conditions,	NET WHA	LOSCHE	WOT	IC HE	APPLI D	12 E.A.	50
If any, leading to immediate		A CONSEQUENCE OF		Cintz c	and Mana	NOV	020
	CHRONICE AS	A CONSEQUENCE OF	, love	IIVE	(CAP INCO ID	MICH	7/31
that initiated events resulting in death) LAST	(DIIT	A CONSCIUENCE OF	=	-DARI	KINSON	1 A	15.
	d. Jawi) L	111101	- 110 701	עני	
PART II. Other significent condit	tions contributing to deeth	but not resulting in	n the underly	ring ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINI
					PERFO		AMAILABLE PRIOR TO COMPLETION OF CAL
<u> </u>							OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26	PLACE OF OEATH (C)	heck only one)		
CAMINENT	HOSPITAL: 1 ☐ Inpatient 2 KER/Out		OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 Other (Specify)		
1 TYES 2 NO		28b. TIME	OF 28c.	INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCUR	EO
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)						
27. MANNER OF DEATH	(Month, Day, Year)	INJE	M 1 [YES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not	on 28e. PLACE OF INJUR building, stc. (Soc	Y — At home, farm, at			281. LOCATION (Street City or Town State	end Number or F	Rural Route Number,
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determines	on 28e. PLACE OF INJUR building, stc. (Soc	Y — At home, farm, at			201. LOCATION (Street City or Town, State)	end Number or I	Rural Route Number,
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determines	(Month, Day, Year) on be d 28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, st	treet, factory, o	ffice	City or Town, State,	10000	Rural Route Number,
1 Natural 5 Pending Investigation 3 Suicide 8 Could not 4 Homicide 8 Certifying Phone (Check only one) 2 MEDICAL SYAN	on be d 28e. PLACE OF INJUR building, atc. (Spe	INJU Y — At home, farm, at scity) wiedge, death occurre	d at the time, d	ifice	City or Town, State,	nner as stated.	
1 Natural 1 Pending Investigatic 3 Suicide 8 Could not determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	on be d 28e. PLACE OF INJUR building, etc. (Spd HYSICIAN: To the best of my know MINER: On the best of examination	INJU Y — At home, farm, at scity) wiedge, death occurre	d at the time, d	iffice ate end place, end du- i, death occured at the	city or Town, State, to the cause(s) and ma e time, date and place, ar	nner as stated.	nuse(e) and manner ee stat
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2 Accident Signature Sig	on be d 28e. PLACE OF INJUR building, atc. (Spe d HYSICIAN: To the best of my know MINER: On the beste of examinate FER	INJU Y — At home, farm, si sofly) wiedge, death occurre on end/or investigation EATH (ITEM 27) (Type,	d at the time, d	iffice ate end place, end du- i, death occured at the	e to the cause(s) and ma e time, date and place, and MBER	nner as stated.	suse(e) and manner ee stat



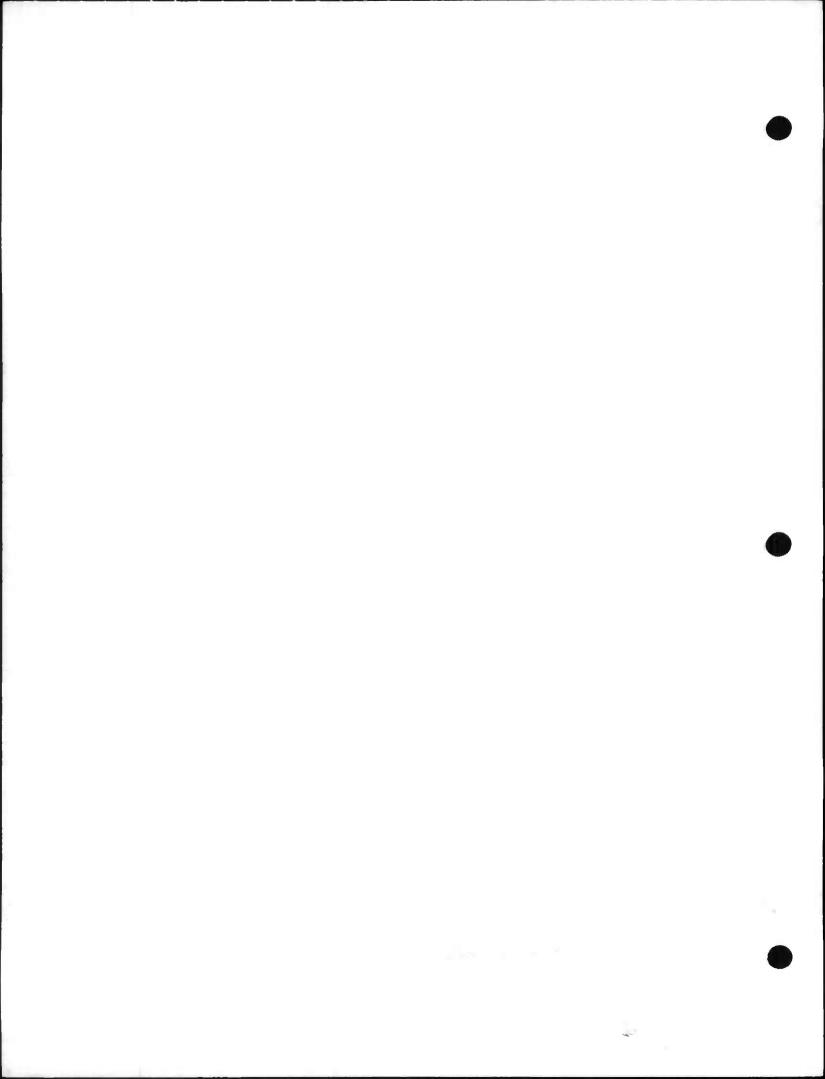
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HOSE INLOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE POWERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

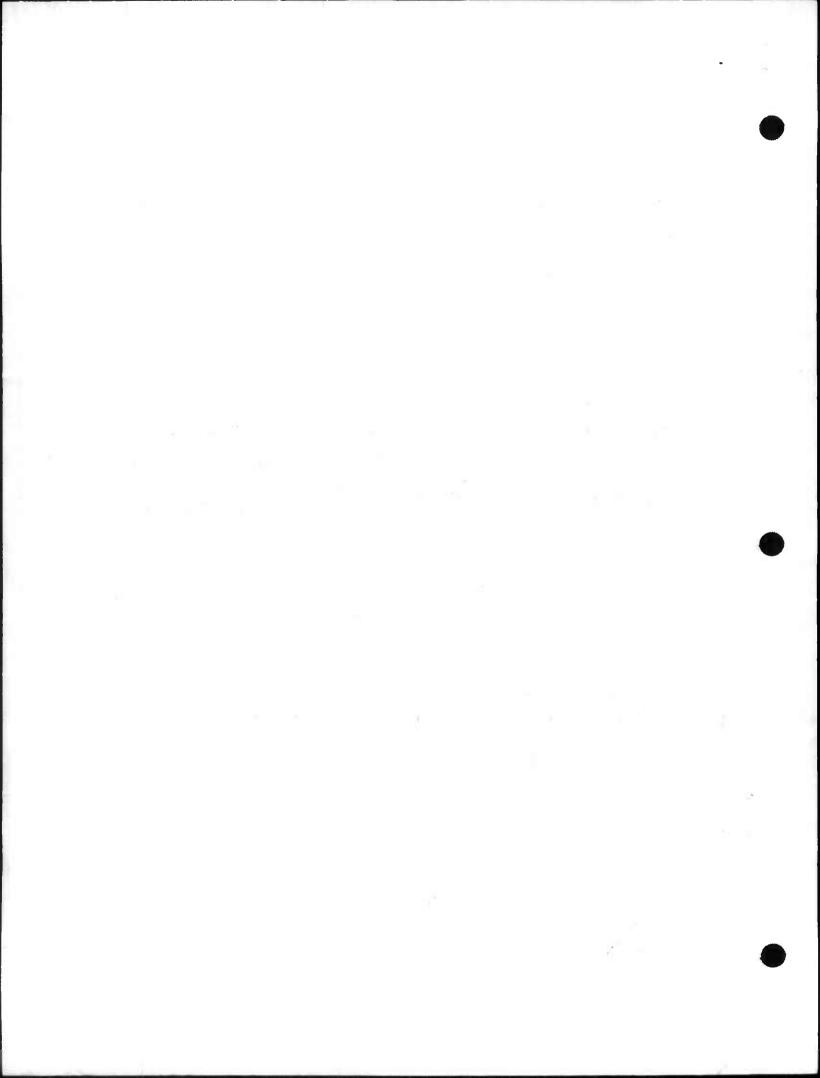
INPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

								_		11584
REGISTRAR	F MARYLAND	/ DEPART	CATE (F HEALTH	I AND I		GIENE			
1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	EATH DAY		YEAR	3. TIME OF DEATH
Emily A. MORG	FAN					04	20		993	11:00 A M
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIF (Month, Day,	RTH Year)		B. BIRTHP	LACE (State or Foreign
214-05-3640 1 D M 2 D	. , , ,	YRS.	MONTHS OF	HOUNS	Mire.	05 01		914		land
9a. FACILITY NAME (If not institution, give street end number)			WN OR LOCAT		ATH		9c. COUNT	Y OF DE	ATH
2056 Griffis Ave				Baltim	ore					
10e. STATE 10b. COUNTY		10c, CITY.	TOWN OR L	OCATION					T	10d. INSIDE CITY
Maryland 10e. STREET AND NUMBER			ltimo	re					- 1	LIMITS?
2056 Griffis Ave				101. ZIP COD	_			17.5	S A	HAT COUNTRY?
	DENT EVER IN U.S.		13. WAS	DECENDENT	OF HISPAN	IC ORIGIN? (Spe	ctfv Yee			
IF YES CI	1 YES 2X VE WAR OR DATES	NO		s, specify Cub YES 2 € NO		, Puerto Rican,	etc.)		Black, Specify	- American Indian, White, etc.
3 Wildowed 4 Divorced				, <u>A</u>					шроспу	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S U			Ina	16b. KIND	OF BUSI	NES\$/INDU		
Elementery/Secondary (0-12) College (1-4 c	or 5+)	life. Do NOT use	retired.)	-						
12th	Li	censed	Beau					essin	g_	
17. FATHER'S NAME (First, Middle, Last) Matthew PETROLONIS				18. MOT EV		RE (First, Middle, ZELINS		umame)		
19. INFORMANT'S NAME (Type/Print)						oute Number, City			Code)	
Raymond Petrolonis		2056	Griffi	s Aver	nue,	Baltimo	re,	MD	212	230
20a. METHOD OF DISPOSITION 1 DXBurlat 2 Cremation 3 Removal from State	20b. PLAC	CE AND DATE OF	F DISPOSITIO	N (Name of				ATION — CI		
4 Donation 5 Other (Specify)	Meado	cremetory or oth Owridge				4/22	E1k:	ridge	, MI)
21. SIGNATURE OF PONERAL SERVICE PICENSEE	0			RARD F		AL HOME	. TN	IC.		
M. May col	ana					Ave, Ba			MD	21229
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, Dr heart failure. List only Dna cause Dn aach lina. Approximate Interval Between										
disease or condition resulting in death)	Carcer E TO (OR AS A CONS	ionia		1 Li	low	iach	-	_		Interval Between Onset and Death
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	E TO (OR AS A CONS	SEQUENCE OF	\mathcal{L}	f Li	for	iqch.	-			intarvai Between
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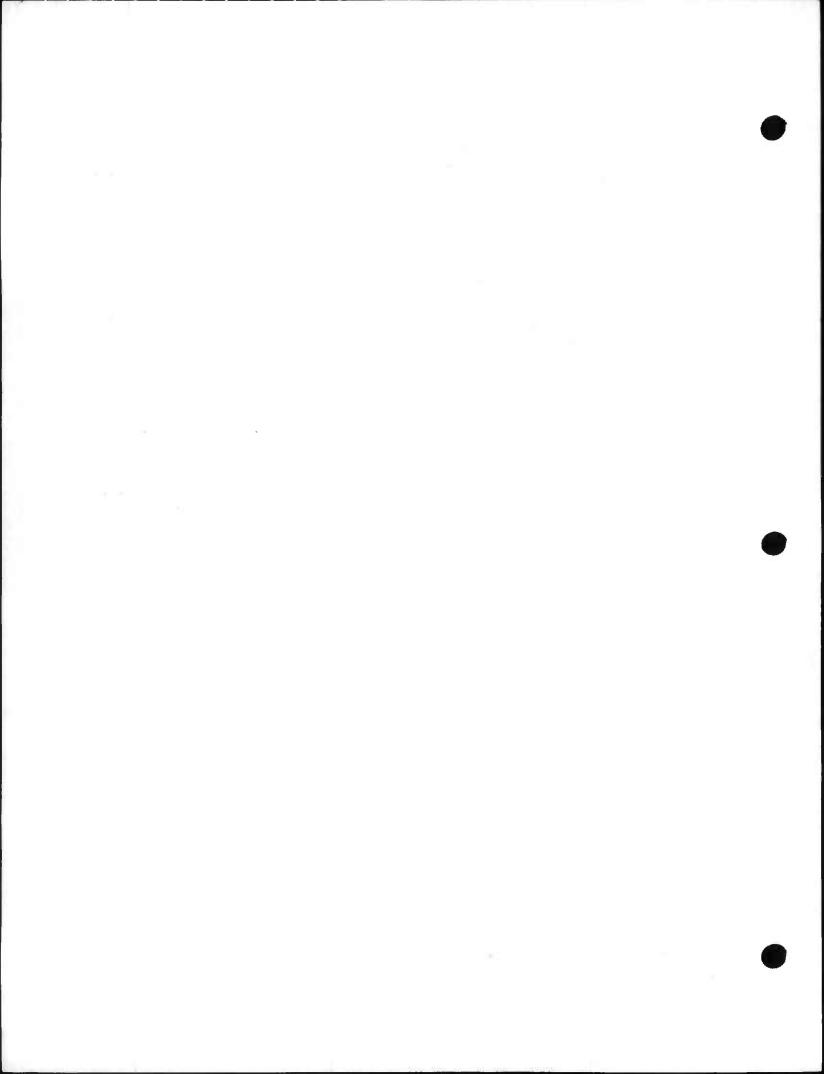


BALTIMORE, MARYLAND 21215-0020	N: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should State Dect. of Health and Mental Hydiene and to buriat cremation or removal	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOPPING THENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FILE FOR THE FILE TO COMPLETE THIS CERTIFICATE has been signed by the attending physician and completely filled in by the fire the filed with the State Deut, of Health and Mental Moleine ning to burial premation or removal	IMPORTANT II ILA 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEOENT'S NAME (First, Middle, La	t)						2. DATE OF C	EATH		3. TIME OF DEATH
	Richard	Bruce		MYER	S . SF			A Page 1	1 7 1 C	YEAR	
1	4. SOCIAL SECURITY NUMBER	5. SEX	A 400 0		-			April	17,19		6:35 p м
1	4. SOCIAL SECONITY NUMBER		6. AGE (In)	yrs. last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF B (Month, Day		8. BIR	THPLACE (State or Foreign intry)
1 3	213-30-3991	1√ M 2 □ F	60	YRS.	MONTHS D	WS HOURS	MIN.	1-23-1			**
	9a. FACILITY NAME (If not institution, gir	7 17 1			AL OUTY TO	WN OR LOCAT					ryland
~					100			ATH	9c.	COUNTY OF	DEATH
0	Franklin Square	Hospital			l Ro	ssvil.	le		Ra	Itimo	re County
DIRECTOR									IDC	CT OTINO	re oddiney
l iii	10a. STATE 10b. COU	ITY		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
1 5	Maryland Ba	ltimore			(verlea	9				LIMITS?
	10e. STREET AND NUMBER										1 TYES 2 NO
FUNERAL	106. STREET AND NUMBER					10f. ZIP COD	E		109	. CITIZEN OF	F WHAT COUNTRY?
H	7418 Kenlea Aver	Ue				21	L236		1	USA	
Z	11. MARITAL STATUS		T EVED IN II	I O A DIMED	40. 110.0						
I E .	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	XXYES	2 NO	If w	B. specify Cubi	of HISPAN In. Maxica	IIC ORIGIN? (Sp n, Puerto Rican.	ecify Yes or No.	0- 14, RA	CE — American Indian, ack, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATE	ES		YES XX NO					ecity:
	- money	I K	orean								White
	15. OECEDENT'S E		16	6a. DECEOENT'S	USUAL OCCU	PATION		16b. KINI	OF BUSINES	S/INDUSTRY	
	(Specify only highest gr			(Give kind of a	vork done durli se retired.}	g most of world	ng				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Machi				Mac	tern E	lectr	ic
3				Machi	1136			Mes	CETIL F	Tecti	10
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAI	ME (First, Middle	, Maiden Suma	me)	
	Ralph V. Myers							Erma			
띪	19a. INFORMANT'S NAME (Type/Print)										
임	198. INFOHMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	reet and Numbe	r or Rural F	Route Number, Ci	ty or Town, Sta	te, Zip Code)	
-	Mrs. Carol Myers			7418	Kenlea	Avenu	le	Balto.	. Md.	21236	
	20a METHOD OF DISPOSITION		201-01	LACE AND OATE							
	XXBuriel 2 Cremetion 3 R	moval from State	cequete.	ery.cremetory or o	of DISPOSITIO	N (Nama of			20c. LOCATIO		
	4 Donation 5 Other (Specify)		_ Pai	ry, cremetory or of KWOOD	Cemete	ry	4-	-20-93	Raiti	.more,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	51	_		E AND ADORE					
	Jasseln 3	Jane 1	2/0-	77 5	Las	ssahn R	-uner	cal Hom	e		
	yairan -	mura	, , ,	., _				Rd. Bal		nd 21	236
	23. PART I. Entar tha diseases, o	r complications the	t caused th	ha daath. Do i	ot anter the	mode of dy	ing such	as cerdiec	or resolvator	v erroet	Approximata
1 1	ahock, or haart fallui	a. List only one cau	se on aach	h Ilna.			mg, acoi		or reepiretor	y arrest,	interval Between
IMMEDIATE CAUSE (Final										Onset and Death	
	disease or condition							Onset and Death			
		Arriveth	ກia								Onset and Death
	disease or condition resulting in death)	. Arrivth	nia	ONSEQUENCE O	F) -						Onset and Death
		a. Arrhyth									Criser and Death
NO	resulting in death)								· · · · · · · · · · · · · · · · · · ·		Oriset and Death
TION		 Arrhyth BUE TO Coronar DUE TO 									Criset and Death
CATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	ь Coronar DUE TO	y Arto	ery Dis	ease P:						Criset and Death
FICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	L Coronar Congest	y Arto ORASACO ive Ho	ery Dis	ease ilure						Criset and Death
ITIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	L Coronar Congest	y Arto ORASACO ive Ho	ery Dis onsequence of eart Fa	ease ilure						Criset and Death
ERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	L Coronar Congest	y Arto ORASACO ive Ho	ery Dis onsequence of eart Fa	ease ilure						Criset and Death
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	4. SOCIAL SECURITY NUMBER 215-32-7600	5. SEX 1	6. AGE (In yrs. 58	YRS.	Maso F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, W	34	8. BIRTH Countr	.C.
TOR	9a. FACILITY NAME (If not institution, grant Maryland Ge	neral Hosp	ital		9b. CITY, TOWN	Baltimo		9c. COL	INTY OF D	ЕАТН
DIRECTOR	Md.				Baltimo					10d. INSIDE CITY LIMITS? 1 # YES 2 NO
FUNERAL	1	atty CT.			10	21201		10g. CI1	USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. YES 2	ARMED NO	If yes, sp	CENDENT OF HISPAI Decity Cuban, Mexica 3 2 NO Specif	in, Puerto Rican, et			
PLETED	15. DECEDENT'S (Specify only highest g			DECEDENT'S L (Give kind of we life. Do NOT use	USUAL OCCUPATI ork done during me o retired.)	ON ost of working	16b. KIND O	F BUSINESS/IN	DUSTRY	
on once.	17. FATHER'S NAME (First, Micolo, Last) Mitch		annah				ME (First, Middle, M Luetta	Willi	am	
TO BE	19a. INFORMANT'S NAME (Type/Print) Angela Clark	<u> </u>				and Number or Rural nklin St				. 21201
must be	2pa. METHOD OF DISPOSITION Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	lemoval from State	20b. PLAC cemetery,	EANDDATEO	F DISPOSITION (N		DATE 20	c. LOCATION —	City or To	
examiner						22. NAME AND ADDRESS OF FACILTY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto, Mdl 21217				
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тедісэ	23. PART I Enter the diseases, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OVET	whelmir	ne. 1g seps seouence de	t enter the mo	00 Eutaw ode of dying, suc	P1. Bal	respiratory as	1 21:	Approximate interval Betw Onset and De
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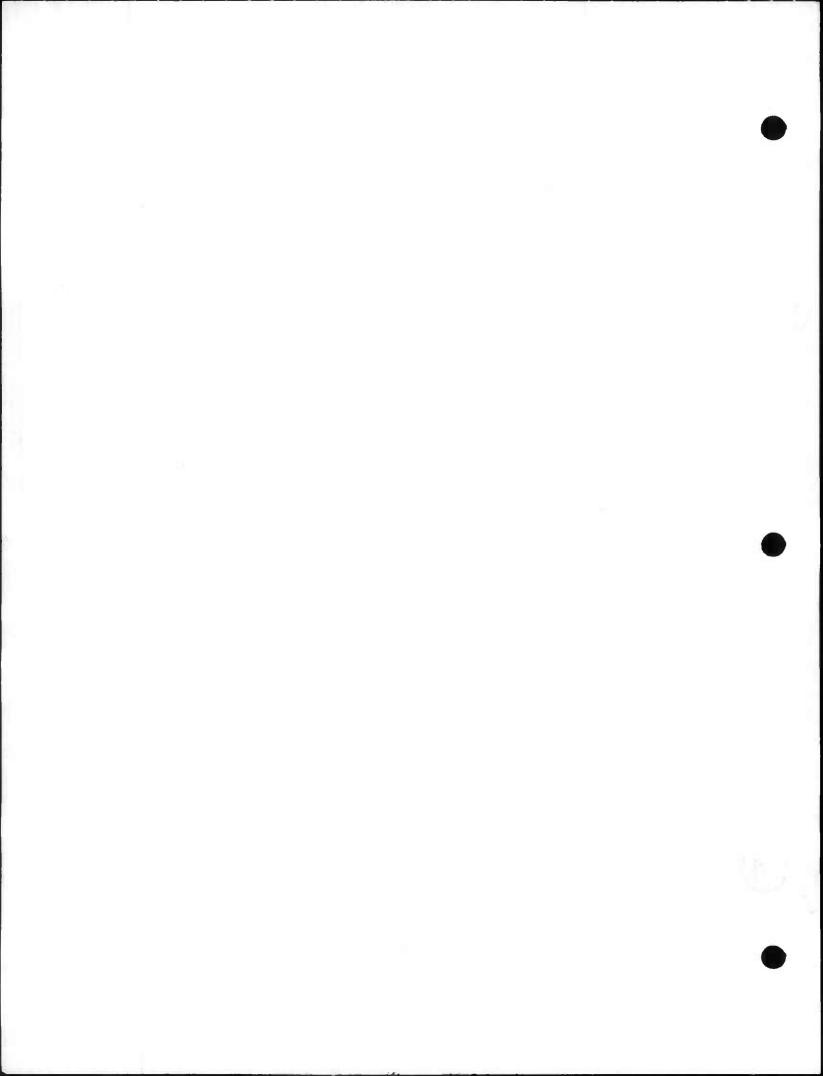
TO THE HOST

_		1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA	RTMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO.			
	Ì	1. DECEDENT'S NAME (First, Middle, Last)	Stephen E.M	illiner			2. DATE OF DEATH DO 17	^ 1993	3. TIME OF DEATH 2 · 30 A M	
	RAL DIRECTOR	4. SOCIAL SECURITY NUMBER 212-58-4037	5. SEX 6. AGE	(In yrs. last birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 9–3–1950	8. 6	HRTHPLACE (State or Foreign Country)	
		Seton Hill N.				timore	EATH	9c. COUNTY	OF DEATH	
		RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	10c. Cr	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?	
		10e. STREET AND NUMBER	ane			101. ZIP CODE 21207			1 YES 2 NO	
	Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes			or No- 14, I	A RACE — American Indian, Black, White, atc. Specify: Black	
	ETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S (Give kind of life. Do NOT	USUAL OCCUP	ATION	16b. KIND OF BUS			
	COMPLE	10 th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Ma. Do Not e	as remed.)	Las Marrierio Ma	ME (First, Middle, Malden			
e ge	W	Rudolph Milliner 19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	D ADDRESS (Street	Grace F	Robinson Route Number, City or Town		at a second	
t be noti	2	Grace Williams	20	3410	Auror	a Lane Ba	altimore, N	dd 2120	7	
ner mus		1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF JUNERAL SERVICE LI	noval from Stata Cel	metery, crematory or King Me	emorial 22. NAME	Park AND ADDRESS OF FA	42193 Ra		town, Md	
or removal. medical examiner must		March F/H West 4300 Wabash Avenue 23. PAST I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac pr respiratory errest, Approximate								
bunal, cremation, or rer atlc event, the medi		shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. End 2	ach line.	A	DS .	n aa cardiac Dr respi	ratory arrest,	Approximata interval Between Onset and Death	
2 5	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Respur	A CONSEQUENCE O	1 to	ailme				
Mental Hygiene prior to buna jury, or other traumatic	ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	SE (Disease or injury c. Due to (OR AS A CONSEQUENCE OF):							
and w	CALC	PART ii. Other aignificant condition	na contributing to deeth i	but not reaulting	in the underly	/Ing cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
sho	IAN: MEDIC						1 YES 2	Ano	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Item		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 DOA	OTHER:	PLACE OF DEATH (Chi				
Ked,	BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		M 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	D	
E E	EIED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
Willer of the	COMPLE	2 MEOICAL EXAMINE	ER: On the best of my know	riedge, death occur on and/or investigation	ed at the time, d	ate and place, and due	to the cause(a) and man time, data and place, and	ner as ateted.	see(s) and manner as stated.	
2 2		296. SIGNATURE AND TITLE OF CERTIFIE 20. NAME AND ADDRESS OF DESCON IN	2. Trip	ence	een	D 30	66	▶ H	PEO (Morth, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WISEPES 31. DATE FILED (Month, Day, Year)	SHK. TRIPUR	LANENI,	M.D.					
7		month, bay, roaty	TIMORE, ME	PEIZEPR	21 199	13 gilled	kurdson-Aproli	92.		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY

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G. NO.					

		REGISTRAR		CE	KIIF	CATE OF	DEATH		REG. NO.			
	13	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O				3. TIME OF DEATH
	- 8	Leslie Morgan						ADZ	1 19,	1003	YEAR	4:23 P M
	- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest								
	1 1	TALL STREET, S				IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of	F BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
79		138-60-6737	1 💢 M 2 🗆 F	31	YRS.		1100110 mint.	June		961		Jersey
3 should		9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN (R LOCATION OF DI		119		TY OF DE	
(S)	œ	Maryland General	. Hospita	1	- 1	n 1						
2,	2	RESIDENCE OF DECEDENT	_			Baltimo	ore City					
85	DIRECTOR	10a. STATE 10b. COUNTY			10c CITY	TOWN OR LOCAT	TION			-		40.4 MIRITOR OUTV
Page .	<u> </u>										18	10d. INSIDE CITY LIMITS?
#		Maryland			B	altimore	e City					YES 2 NO
Der L	4	10s. STREET AND NUMBER					ZIP CODE			10g. CITIZ	EN OF WE	IAT COUNTRY?
020 physician. burial-transit permit, Pages 1, 2,	FUNERAL	1904 Druid Hill	Avenue				21217			lln	itad	States
tran-	Z	11. MARITAL STATUS		T EVER IN U.S. ARI	450	1 40 1100 500				_		
20 Pysic	립	1 X Never Married 2 Married	FORCES? 1	YES 2 XN	O		ENDENT OF HISPAN ecity Cuben, Mexica			or No-	14. RACE - Black,	- American Indian, White, atc.
0 to a	B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			2 NO Specify		.,,		Specify	
5-0020 nding physic		o money				I						DIACK
2121 al or atter for use a	8	15. DECEDENT'S EDUI (Specify only highest grade				SUAL OCCUPATION		16b. I	UND OF BUS	INESS/IND	JSTRY	
21.00 or us	<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	- 100	Do NOT use	ork done during mo retired.)	st of working					
O feal	7	12	College (1-4 of 5 f		and C	onuico l	Jankan		Date	1,,,,,	Dol:	
N hos	Σ	12			000 S	<u>ervice l</u>				ery/	Dell	
AN the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			,		
Y L	BE	John Philli	ps					Ruby I	Holine	ess		
MARYLAND 21215-0020 stained by the hospital or attending physician. S should be detached for use as the burial-tran notified at once.	m	19a. INFORMANT'S NAME (Type/Print)	0.00	196	MAILING A	ADDRESS (Street a	nd Number or Rural i				Code)	
MARYLAND retained by the hospit 5 should be detached notified at once.	2	Ruby Lofland					n Street					7728
age age								_				
BALTIMORE, MARYLAND 21215-0. 24 hours after death. Page 6 may be retained by the hospital or attending filled in by the funeral director, page 5 should be detached for use as the loon, or removal. he medical examiner must be notified at once.		20e. METHOD OF DISPOSITION 1 M Burlel 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE A cemetery, crer		F DISPOSITION (No	me of	OATE	20c. LO	CATION — C	ity or Tow	n, State
A O		4 Donation 5 Other (Specify)		Maple	wood	Cemeter	v 4/	27/93	F	reeho	ld.	New Jersey
Pag a		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Mar			22. NAME A	D ADDRESS OF FA			COITO		Non Octoby
T the left	- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Mark T. Zavoyna Leonard J. Ruck, Inc.										
BA Per de		MarkT	Sain	me		530	5 Harford	d Rd.	Ba	ltimo	re.	21214
B. after n by the removal adical		23. PART i. Enter the diseases, or o	compilcations that	caused the de	ith. Do no	ot enter the mo	de of dying, suc	h aa cardle	c or respi	ratory arre	et,	Approximate
24 hours after filled in by the on, or remova	1	shock, or heart failure.	List only one cald	se on each line.								interval Between
fille on,	- 1	IMMEDIATE CAUSE (Final Character Condition Multiply of the Condition Character Charact										
within 24 mithin 24 cremation, the		resulting in death) 2 weeks										
P.O. BOX 68760, the certificate be executed within 24 anding physician and completely filler Hygiene prior to burial, cremation, or other traumatic event, the			DUE TO	(OR AS A CONSEC	UENCE OF)	:						
BOX 6876 ate be executed v hysician and comit prior to burial, or r traumatic evi	z		Opiate	drug ove	rdas	e						16 days
and de la de	CERTIFICATION	Sequentially list conditions,		(OR AS A CONSEC								10 44,7
BOX sate be es hysician a prior to	A	If any, leading to immediate cause. Enter UNDERLYING										i II
certificate ding physic hygiene pri	유	CAUSE (Disease or injury	Due To	/OR 40 4 004/050								
o.O. F nding ph Hygiene or other	Ē	that initiated events resulting in death) LAST	OOE 10	(OR AS A CONSEC	UENCE OF	•						i
t, P.O. BOX leath certificate be attending physician attending physician attending physician attending physician or other traur	2	Total Ling III doalli) EAST	s									
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CORD; ires that the signed by the feath and M	EDICAL	PART II. Other aignificant condition	s contributing to	death but not re	sulting in	the underlying	g cause given in	Part i. 2	4e. WAS AN PERFOR			WERE AUTOPSY FINDINGS
that the same of t	일	Acquired Imm	unodefic	iency Sy	ndro	me						COMPLETION OF CAUSE
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REC requires been sign to feel sign shows	Σ							—			1	T YES 2 NO
S be by 23 3	Ž.						_					
VISION OF VITAL REATTH ATTENDING PHYSICIAN: The law requirescript: After this certificate has been so after death with the State Dept. of Heatth and After the Community of the	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001				ACE OF DEATH (Ch	eck only one)				
AN: Sta	Si	1 WES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:	e 5 🗆 Residence	6 Other	Specify)			
Sicial Certific the	}	27. MANNER OF DEATN	28a, DATE OF		28b. TIME				RIBE HOW II	HIDV ACC	IDED	
O PHYS this o		1XXNetural 5 Pending	(Month, Da	ny, Year)	INJU	RY WO	RIC?	100.000	MOL HOW II	SONT OCC	DNED	
ION OF NDING PHYS R: After this or r death with Is marked,	BY	2 Accident Investigation					rES 2 NO					
O N A S	0	3 Suicide 6 Could not be	26s, PLACE Of building.	F INJURY — At hor etc. (Specify)	ne, lerm, st	reet, factory, offic	•	281. LOCAT	ION (Street a	nd Number o	or Rural Ro	ute Number,
DIVISION OF OR ATTENDING PHYSIC DIRECTOR: After this cer hours after death with the liem 28 is marked, or	쁘	4 Homicide determined		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Oily or	iown, stelley			
DIV OR A DIREC hours	COMPLET	29a. CERTIFIER									_	
	4	(Check only	CIAN: To the best of									
198	ō	2 MEDICAL EXAMINE	R: On the beals of ax	samination and/or is	rvestigation	, in my opinion, d	eath occured at the	time, data a	nd place, and	due to the	cause(e)	end manner as stated.
MAR 28 S		29b. SIGNATURE AND TITUE OF CERTIFIED	0				200 LICENSE MUA	MOCD		804 0475	OLONES (Mark 0 Mark
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1	-			29c. LICENSE NUM	1711		ZVO. DATE	SIGNED (19, 1993
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be filed within 72	O BE	Tutte of	100	0			VLT (U5 T		A	PLTT	19, 1993
MPORI C		30. NAME AND ADDRESS OF PERSON WHO					VLT	039		A	brii	19, 1993
De fied v			complete cause /o Maryl				1	039		A	PLIT	19, 1993
be ned be ned with the property of the propert		T. LOW, M.D. (/o Maryl	and Gene			1	054		A	——	19, 1993
be in ed		T. Low, M.D.	/o Maryl				1	034		A	———	19, 1993



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		J by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	•
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20	hat the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	mial-tr	
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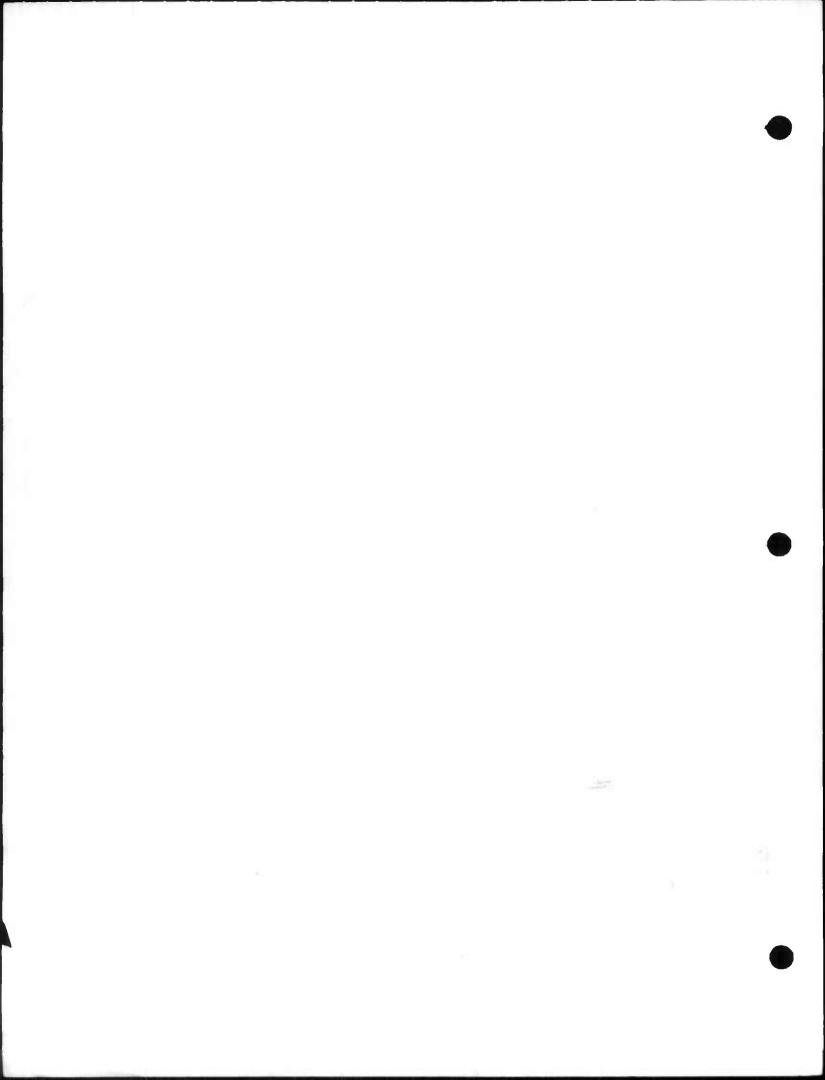
VISION OF VITAL REC

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH DAY YEAR Lynn) Norris 04 15 1993 8:40 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 9-13-1965 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign DAYS HOURS 216-86-3197 1)(X) M 2 (F 27 Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Sinai Hospital Baltimore City 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md **Baltimore** 1 YES 2 | NO FUNERAL 10e STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 502 Glen Allen Drive 21229 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 10th once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Alvin Norris, Sr notified at BE Jacqueline Taylor 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jacqueline Mack 4332 Pimlico Road Baltimore, Md 21215 9 20e, METHOD OF DISPOSITION
1 (A Burlel 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must King Memorial Park 42193Randallstown, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY
March F/H West 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory arrest, medicai Approximete shock, or heart feliure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition a. AMITIPTYLINE AND NARCOTIC INTOXICATION resulting in death) traumatic event, OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditiona, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury or other that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): injury, c PART II. Other aignificent conditione contributing to death but not recuiting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? s certificate has been si th the State Dept. of He d, or item 23 show 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 XVES 2 NO 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? ter this ce ath with the 28b. TIME OF 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) .12 3 Suicide 8 🖾 Xould not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 22 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 💯 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE TO THE DE filed IMPORTA 296. GNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Mre Youll O.C.M.E. 04/16/1993 9 0. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WREL CM 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) Daydon-Pandall Julie APR 21 1993



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

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1993

Ma Davidson Burdell

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1.2.3	death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the death certificate be executed within 2	certificate has been signed by the attending physician and completely fi	the State Dept. of Health and Mental Hygiene prior to burial, cremation	f, or Item 23 shows any injury, or other traumatic event, th
TO THE HERE AND A STTENDING PHYSIC	TO THE PRESENT DIRECTOR: After this c	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

BALTIMORE, MARYLAND 21215-0020

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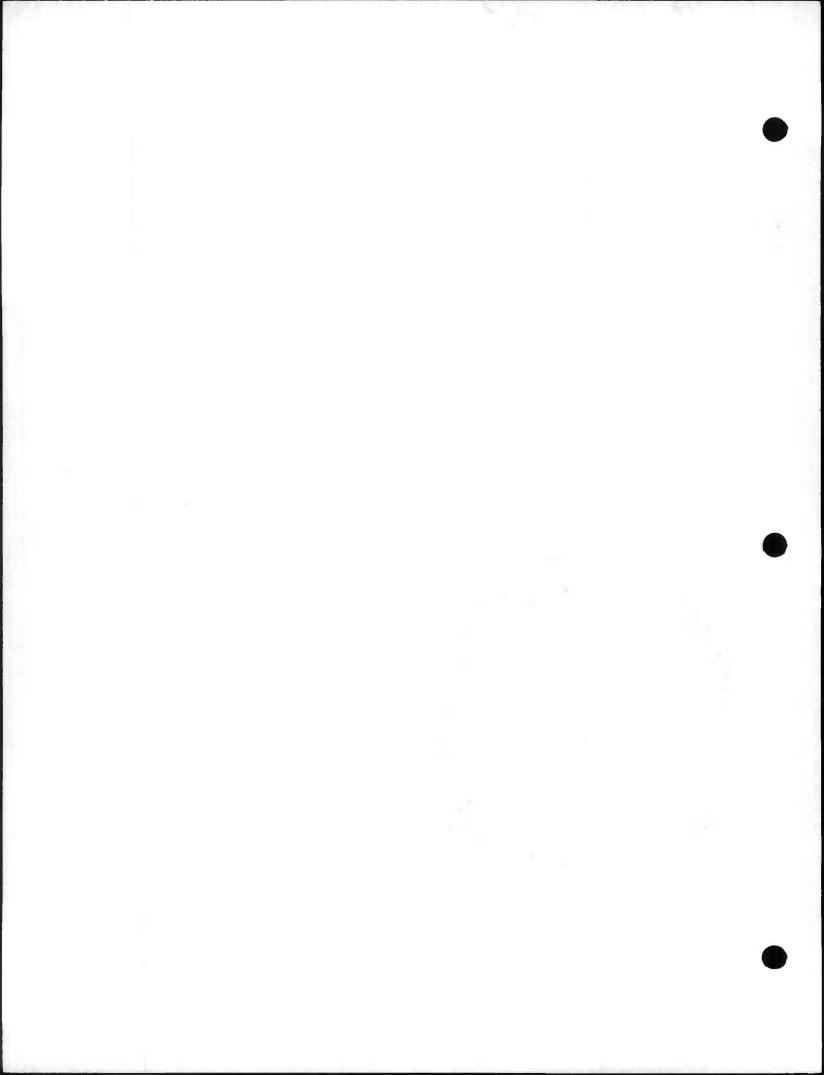
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 F 73 YRS. -5-19 722-16-4156 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR HOSPITAL CORPORATION BALTIMORE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ba Ho Ma 1 TYES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1300 · Lanval 21213 St 54 . 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle, Last) MOTHER'S NAME (First, Middle, Meiden Surname) em obinsun aggi 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu Town, State, Zip Code) 2 Brude Bernice Balto, rd Ĉ 8 S 21229 Morter 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c LOCATION DATE - City or 1 Burial 2 Cremanon 4 Donation 5 Other (Specify) Burial 2 Cremation 3 Ram cemeta Bematon of other place) Nat Cen 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY lad 23. PART i. Enter the diseeeas, or complicatione that caused the death. Do not enter tha mode of dying, auch as cerdiac or respiratory arrest, Approximata shock, or heart fallure. List Dnly one cause Dn each line. interval Batweer IMMEDIATE CAUSE (Finei **Onset and Death** disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 2 NO COK by Family 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Homa 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigati BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be 4 Homicide detarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and dua to the ceuse(s) and manner es atated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Inteau 2

dy	pad	
of the contract of the country of th	ir this certificate has been signed by the attending physician and completely filled in by the funeral director, pag	
Dogni.	funeral	
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	pletel	Crama
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3	п ал	ta b
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CONT	ertific	Pho S
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-	No.	£

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART	MENT OF I	EALTH AND	MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) JEANNETTE	OMEECHE		-		MONTH	OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	I. 13,	1993	. BIRTHE	22:17 M
	265-68-2896 9a. FACILITY NAME (If not institution, give stre	1 □ M 2 🖾 F 59	YRS.	NONTHS DAYS	HOURS MIN.		16"1	933 9c. COUNT		erto Rico
TOR	CALVERT MEMORIAL				E FREDER			CALV		Ain
DIRECTOR	Virginia		10c. CITY,	Alexano			_	10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	6301 Stevenson Ave	. #1506			2230 ¹	10g. CITIZEN OF W USA			HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)			ican, etc.)		4. RACE Black, Specify	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	Coflege (1-4 or 5 +)	(Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY			
BE COM	17. FATHER'S NAME (First, Middle, Lest) George Vaulot	18. MOTHER'S NA			Surname)					
2	19a. INFORMANT'S NAME (Type/Print) Gerardo Omeechevar	Stever	nd Number or Rural	Route Number	or, City or Town	o, State, Zip C exand	ria	VA 22304		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Remov 1 Donation 5 Other (Specify)	al from State cemete	LACE AND DATE OF or oth Lumbia G	er place)	nme of	4/15	20c. LO	Arli		
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME A	verly-Wh 500 W Br	eatle	y Fun	eral :	Home	
	23. PART i. Enter the disease, or co shock, or heert fellure. Li iMMEDIATE CAUSE (Finei disease or condition resulting in death)	mplications that caused to at only one ceuse on eed	h iine.				ec or reapi	ratory erres	st,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions 1. 2. 4. 5. 5.	contributing to death but	not resulting in				PERFOR	PERFORMED? AWAILAE COMPLI OF DEA		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Y N	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (Ch	ack only one	d			
SIC		HOSPITAL:		OTHER:	e 5 🗆 Rasidence					
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME	OF 28c. IN.			CRIBE HOW II	JURY OCCU	RED	
ED BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY — building, etc. (Specify)	Al homa, farm, str	M 1		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				ute Number,
COMPLETE	4 Homicide detarmined 29a. CERTIFIER (Check only	AN: To the best of my knowled	ge, death occurred	at the time, date	and place, and due			ner ne stated	i.	
		On the besis of axamination a				lime, date		d due to the	cause(s)	end manner as stated, Month, Day, Year)
TO BE	Me 1 1 /2.	COMPLETED CAUSE OF DEAT	H (ITEM 27) /3me (Print)	D2340			>	1/13	3/23
	MARK J. KUSHNER,	M.D.	PRIN		ERICK, N	1D 20	0678		/	
	APR 2 1 1993	32. REGISTRAR'S SIGNATION - Par	endete.							



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.
CEDENT'S NAME (First, Middle, Last)	2. DATE O	

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTM	ENT OF HE	ALTH AND		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				ZZAIII	2. DATE OF D			3. TIME OF DEATH
	Joan M. Poczekaj					MONTH.	19	93"	7:30 Am
				7	F UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTH	IPLACE (State or Foreign
	399-14-7200 90. FACILITY NAME (If not institution, give stree	1 DM 2 XX F 69	YRS.		IOURS MIN.	10/20		Wis	consin
Œ	Ivy Delcia Care H		96	CITY, TOWN OR		EATH	9c. COL	INTY OF D	EATH
DIRECTOR	RESIDENCE OF DECEDENT	ОЩЕ		Baltin	lore				
H	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION	N				10d. INSIDE CITY
	Md. Howar	d	Colu	mbia					LIMITS?
FUNERAL	10e. STREET AND NUMBER				P CODE		10g. CI1	IZEN OF Y	WHAT COUNTRY?
6051 Misty Arch Run 21044 USA									
5	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS DECEN If yes, specif	DENT OF HISPA y Cuben, Mexic	NIC ORIGIN? (Sp an, Puerto Rican,	ecify Yee or No-	14. RACE Black	- American Indian, t, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	-		NO Speci			Speci	
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION 16a.	DECEDENT'S USU	AL OCCUPATION		16b. KIND	OF BUSINESS/IN	DUSTRY	MILL CO
		College (1-4 or 5 +)	(Give kind of work life. Do NOT use ret	done during most o ired.)	of working	1			
MPI		2	Retired						
COMPL	17. FATHER'S NAME (First, Middle, Last)			1	S. MOTHER'S NA	ME (First, Middle	, Maiden Sumeme)		
BE	Nikodem Poczekaj					a Jasich	_		
2	19e. INFORMANT'S NAME (Type/Print)						ty or Town, State, Zij		
	Robert O'Brien						bia, Mar	_	
	1 Buriel 2 Cremetion 3 Remove	of from State 20b. PLA	crematory or other p	SPOSITION (Name	of	DATE	20c. LOCATION		
ĺ	21. SIGNATURE OF PROSMAL SERVICE LICEN	SEE /	Adalbei	22. NAME AND		CH ITY	Milwauk	ee,	Wisconsin
	1/2	11 1					eral Hon	es	
_	- Vary		rens	5695 M	ain St.	, Elkr	idge, Mo	1. 2	1227
	23. PART I. Enter the diseases or con shock, or heart falure. Lia	nplicatione that ceused tha It only one cause on each i	deeth. Do not e ine.	nter the mode	of dying, suc	h as cerdisc o	or respiratory sr	reat,	Approximate interval Between
	iMMEDIATE CAUSE (Finsi disease or condition	0 0	~			0			Onset and Death
	reaulting in death) e	DUE TO (OR AS A CON	A SA JAC	cars	~ ~	*fc	C401	*	
2		,	C wy						
CERTIFICATION	Sequentielly list conditions, If any, leading to immediats	DUE TO (OR AS A CON		112					
CA	cause, Enter UNDERLYING CAUSE (Disease or Injury								
TH	thet initisted events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):						
H	d.								
	PART II. Other significant conditions of	ontributing to deeth but no	t resulting in th	e underlying co	euse given in	Part I. 24a.	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	- tuhacco	21308					PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME						'	YES 2 NO		DF DEATH?
ž						_			1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			OF DEATH (Ch	eck only one)			
YSI	1 TES 2 NO	☐ Inpetient 2 ☐ ER/Outpetient	3 DOA OT	HER: Nursing Home	Residence	8 - Other (Spec	elly)		
H	27. MANNER OF DEATH 1 Netwell 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY WORK?		28d. DESCRIBE	HOW INJURY OC	CURED	
B	2 Accident Investigation				2 NO				
0	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street.	, fectory, office		281. LOCATION City or Town	(Street end Number n, State)	or Rural Ro	oute Number,
COMPLETED	290. CERTIFIER								
MP	(Check only	N: To the best of my knowledge,	death occurred at	the time, data end	place, end due	to the cause(e)	and manner as stat	ed.	
8		On the basis of examination end/	or investigation, in	my opinion, death	occured at the	time, date and p	lecs, and due to th	e ceuse(e)	and menner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	D. 10		29	c. LICENSE NUM	MBER	29d. DAT	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OND CAUSE OF THE			DIA	27		110	ONS
	QL20LC20	OMPLETED CAUSE OF DEATH (I'	TEM 27) (Type, Print)		, ac	17)	or To	0 3	11122
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	XX,	1ser	,,,,	-3,00	21/11	11 0	1137
- 8	APR 2 1 1003	Pin Drividay Rand	40						

Line and the second of the second of the second of 0.000

3. TIME OF OEATH

10:30 P

Samuel S. Peltzer

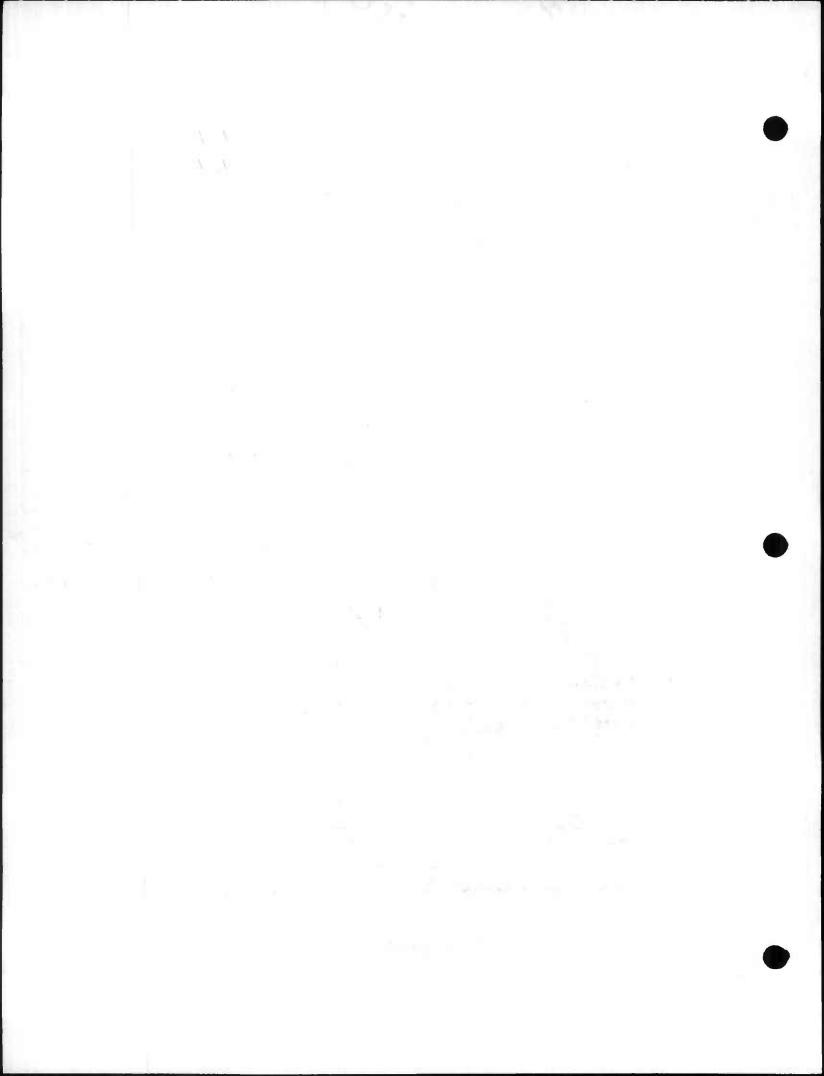
YEAR

REG. NO

2. DATE OF DEATH DAY 04/17/93

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

51	218-03-438		5. SEX 1 X M 2 T F	8. AGE (In yrs. In	st birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE (Mont)	0. Day, Year) 719/18		Mary	ACE (State or Foreign	
œ	Sa. FACILITY NAME (If not is			24.0				R LOCATIO				9c. COUN	TY OF OEA	тн	
6	Carroll Co	UNTY GO	eneral Ho	osp.		wes	stme	nste	Z			Ca	rrol	<u> </u>	
DIRECTOR	10a, STATE MD	Balt	imore Co			r, town or							1.00	LIMITS?	
- 15	10e. STREET AND NUMBER					10f. ZIP CODE					1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	408 A2 V	alley 1				21136						ISA			
à l	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AI YES 2 AR OR DATES	ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 1 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					or No	or No 14. RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	(Specify on	EDENT'S EDUC	completed)	(0		'S USUAL OCCUPATION 16b. KIND OF BU				KIND OF BU	SINESS/INDU	STRY			
MP.	Elementary/Secondary (0-12)	College (1-4 or 5)	uned 1		ing	Co.							
	17. FATHER'S NAME (First, N	ALL STATE	4					16. MOTH			Aiddle, Maiden		4		
出	Samuel .		tzer				101		_		e M. E				
임	Emma Lo	,,	Daltman	19							oer, City or Tow			un, MD 211	
	20a. METHOD OF DISPOSIT t(∑Burlet 2 ☐ Crematic	ION		20b. PLACE	AND OATE	OF DISPOSI	TION /Na	me of		OAT	20c. LO	CATION — C	ity or Town	, State	
	4 Donation 5 Other	r (Specify)		cemetery, cri	reen					-	93 Fir		0,		
	21, SIGNATURE OF FUNETUR	S (Les	e				E Fun						rstown Rd . MD 21136	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart fallure. L	List only one cau	XICE	NCE	PH					liac or reapi	ratory arre	at,	Approximate Interval Between Onset and Death 5 DRYS	
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): SYMPTOMATIC CORONARY ARTERY DISEASE YEARS DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST CAUSE (Disease or injury that initiated events resulting in death) LAST														
		HOU	ESTERO	CEMI	4				iven in	Part i.	24s. WAS AN PERFOR	MED?	AA CI	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE	
ME		COB	TPUST		NG.	MICI	HYPERCHOLESTEROLEMIA CHRONIC OBSTRUCTIVE LUNG DISEASE						1 YES 2 NO OF DEATH?		
- 1	01000-		C-11011	.10		213	FU	76		_ [,	F DEATH?	
AN:			SHOK	NG		213							<u> </u>	F DEATH?	
	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER	26. PL	ACE OF DI		eck only on				F DEATH?	
PHYSI	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	O MEDICAL Pending	HOSPITAL:	ER/Outpatient 3	DOA 28b. TIMI	OTHER	26. PL i: Ing Hom 28c. INJ WO	ACE OF DI	sidence	6 🗆 Othe		NJURY OCCU		F DEATH?	
BY PHYSI	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 D 2 Accident	O MEDICAL	HOSPITAL: Inpatient 2 28a. OATE OF (Month, D	ER/Outpatient 3	DOA 28b. TIMI	OTHER 4 Nursi	26. PL i: ling Hom 28c. INJ WO 1 \(\)	ACE OF DI	sidence	6 Other	(Specify)		JRED	F DEATH?	
BY PHYSI	25. WAS CASE REFERRED T EXAMMER? 1 YES 2 HO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide a 4 Homicide 29a. CERTIFIER (Check only	Pending Investigation Could not be determined	HOSPITAL: 28e. OATE OF (Month, D 28e. PLACE O building,	ER/Outpatient 3 INJURY ay, Year) FINJURY — A1 ho etc. (Specify) my knowledge, de	28b. Timi	OTHER 4 Nursi E OF URY M	26. PL	ACE OF DI	NO and due	6 Othe 28d. DES	CRIBE HOW II ATION (Street and Town, State)	and Number o	JRED or Rural Round	F DEATH?	
BE COMPLETED BY PHYSI	25. WAS CASE REFERRED T EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide a 4 Homicide 29a. CERTIFIER (Check only one) 2 MEO 29b: SIGNATURE AND TITLE	Pending Investigation Could not be determined PIFYING PHYSIC ICAL EXAMINER	HOSPITAL: The Inpetient 2 28a. OATE OF (Month, D) 28a. PLACE O building. CIAN: To the best of a:	F INJURY — A1 ho etc. (Specify) my knowledge, de	28b. TIMI 1NJ 28b. TIMI 1NJ 28b. TIMI 1NJ	OTHER 4 Nursi E OF URY M street, facto	26. PL	ACE OF DI	NO and due	6 Othe 28d. DES 28f. LOC. City to the cautime, data	CRIBE HOW II ATION (Street and Town, State)	and Number of	JRED or Rural Round d. cause(a) as	F DEATH? YES 2 NO	
TO BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED T EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide a 4 Homicide 29a. CERTIFIER (Check only one) 2 MEO	Pending Investigation Could not be determined TIFYING PHYSIC ICAL EXAMINER F PERSON WHICE	HOSPITAL: The Inpetient 2 Description of the Descri	F INJURY — A1 ho etc. (Specify) my knowledge, de	28b. TIMM 28b. TIMM INJ prine, farm, s eath occurre investigatio	OTHER 4 Nursi E OF URY M street, facto	26. PL	ACE OF DI 5 Re 5 Re 7 Re 7 Re 8 2 Re 9 and place, 9 atth occurrence	NO and due	6 Othe 28d. DES 28f. LOC. City to the cautime, data	CRIBE HOW II ATION (Street and Town, State)	and Number of	JRED or Rural Round d. cause(a) as	To Number,	



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should th the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	cal examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

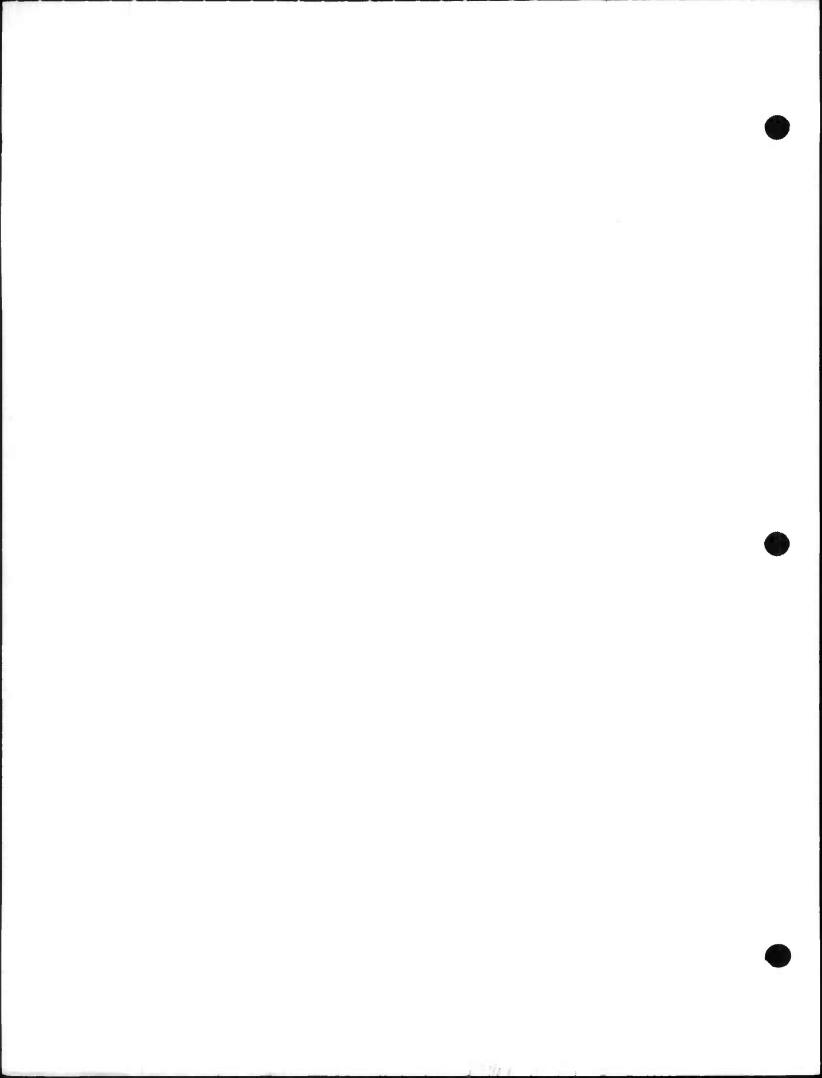
APR 21

1993

_	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPART	MENT OF HEALTH AND CATE OF DEATH	D MENTAL HYGII		93 1159
	1. DECEDENT'S NAME (First, Middle, Last) MARY				OPTNGON	2. DATE OF DEATH MONTH		3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	E.	6. AGE (In yrs. Is		OBINSON IF UNDER 1 YEAR IF UNDER 24 HRS	4 5. 7. DATE OF BIRTN		93 M BIRTNPLACE (State or Foreign
	212-32-0122	1 🗆 M 2 🔀 F	97		IONTHS DAYS HOURS MIN	79.4 at 0 14	396	BIRTNPLACE (State or Foreign Country),
DIRECTOR	9a. FACILITY NAME (If not Institution, give 504 N. ARLING RESIDENCE OF DECEDENT		•		BALTIMORE	DEATN	9c. COUNT	Y OF DEATN
ÆC	10a. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
	M.D.			Ba	ltimore			1 N YES 2 NO
FUNERAL	504 N. Arling	jton Ave	•		21223			N OF WHAT COUNTRY?
J.	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS DECENDENT OF NIS	PANIC ORIGIN? (Specify		I. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR OATES	(110	If yes, specify Cuben, Mar 1 TES 2 TO NO Spe			Specify: Black
ED.	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. D	ECEDENT'S U	SUAL OCCUPATION	16b. KIND OF	SUSINESS/INDUS	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	.)	mest	rk done during most of working retired.)			
COM	17. FATNER'S NAME (First, Middle, Last)		100	/IIIC 3 C	18. MOTNER'S	NAME (First, Middle, Meid	en Surname)	
BE	Thomas Jackso	n				Oliver		
욘	Ruth Leonard		5	06. MAILING A	DDRESS (Street and Number or Rule). Arlington	Ave. Bal	own, State, Zip Co timore	e, MD 21223
	20e. METHOD OF DISPOSITION 1 Disposition Disposition	noval from State	20b. PLACE cemetery, cr	AND DATE OF	DISPOSITION (Name of Cemetery			y or Town, State
	21. SIGNATURE OF FUNEILAL SERVICE L	CENSEE	Taree	HIIIOUI	22. NAME AND ADDRESS OF		aitillo	re, MD
	Nunet	15K.	Jones	· _	WM.C.MARCH	F.H./11	01 E	NORTH AVENUE
	23. PART I. Enter the diseases or	complications the						
	abook or heart fellure	List only one cau	caused tha d	eath. Do no	t entar the moda of dying, s	uch as cardiac or re-	piratory arrea	
	IMMEDIATE CAUSE (Final	List only one cau	se on aech lin	e.		-		t, Approximate Interval Between Onset and Death
	anock, or neart reliure.	a	se on aech lin	ntate	t enter the mode of dying, s	-		Interval Between
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO	Mela (OR AS A CONSE	ntate		-		Interval Between
ATION	IMMEDIATE CAUSE (Final disease or condition	a. OUE TO	imela	ntate		-		Interval Between
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	a. OUE TO DUE TO C.	Mela (OR AS A CONSE	OUENCE OF):		-		Interval Between
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. OUE TO DUE TO C.	Merca IIII (OR AS A CONSE	OUENCE OF):		-		Interval Between
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	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. OUE TO DUE TO OUE TO OUE TO	OR AS A CONSE	EOUENCE OF):	e Carcine	In Part I. 24a. WAS.	IN AUTOPSY ORMED?	Interval Between Onset and Death
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	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. OUE TO DUE TO OUE TO OUE TO	OR AS A CONSE	COUENCE OF):	tha underlying ceuse given	In Part I. 24a. WAS. PERF 1 YES	IN AUTOPSY ORMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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32/MEGISTRAR'S MENATURE

2,201



PHYSICIAN:

BY

COMPLETED

BE

2

3 Suicide

4 Homicide

6 Could not be

	ID THE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
nding physician.	is the burial-tran		
HOSTIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	tached for use a		100.
e retained by the	5 should be de		notified at or
. Page 6 may be	ral director, page		iner must be
hours after death	d in by the fune	or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cuted within 24 I	d completely fille	urial, cremation,	ilc event, the
sertificate be exe	ing physician an	rgiene prior to b	other trauma
that the death of	ed by the attend	h and Mental H	any injury, or
The law requires	e has been sign	te Dept. of Healt	im 23 shows
NG PHYSICIAN: 1	ter this certificat	ath with the Sta	marked, or ite
AL OR ATTENDIF	AL DIRECTOR: Af	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is i
THOSAL PROPERTY	THE FUNER	e filed within 7	MPORTANT:

93 11595 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) RANDAL RAYMOND D. RANDALL 2. DATE OF DEATH MONTH , RAYMOND 4:45 PM 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTNPLACE (State or Foreign IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH Month, Day, Yo 217-38-1344 1 M 2 - F BALTIMORE, MD. 9e. FACILITY NAME (If not institution, give street 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANCIS SCOTT KEY NEW CO POST ACUTE AIDS UNIT-DIRECTOR SACTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARNUAND BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE tog. CITIZEN OF WHAT COUNTRY? 3600 FRANCLIN STREET USA 21229 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Pu 1 YES 2 Y NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ВУ Specify: Specify 3 Widowed 4 N Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INQUSTRY (So Elementary/Secondary (0-12) College (t-4 or 5+) 12 4 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) DINISHIOUS WYATTS BERNICE BERRY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BRIAN CHRISTOPHER RANDALL 5221 FREDCREST ROAD, BALTIMORE, MARYLAND 21229 20a, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 4 Donation 8 Other (Specify) WESTERN STAR CEMTERY 4/19/93 CATONVILLE, MARYLAND 21. SIGNATURE OF FUNERAL RESPUES 22. NAME AND ADDRESS OF FACILITY ESTEP BROTHERS FUNERAL SERVICE, P.A. 1300 EUTAW PLACE, BALTIMORE, MD. 23. PART I. Enter the disease s, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. intarvai Between IMMEDIATE CAUSE Final **Onset and Daath** disease or condition resulting in death) Progressive multitocal 3 months DUE TO (OR AS A CONSEQUENCE OF): Acquired immune del MEDICAL CERTIFICATION à LIRCEYS Sequantially list conditiona, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 X NO 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:

| Wind the control of the co 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural t YES 2 NO 2 Accident

26s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as ateled.

MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4/13/93

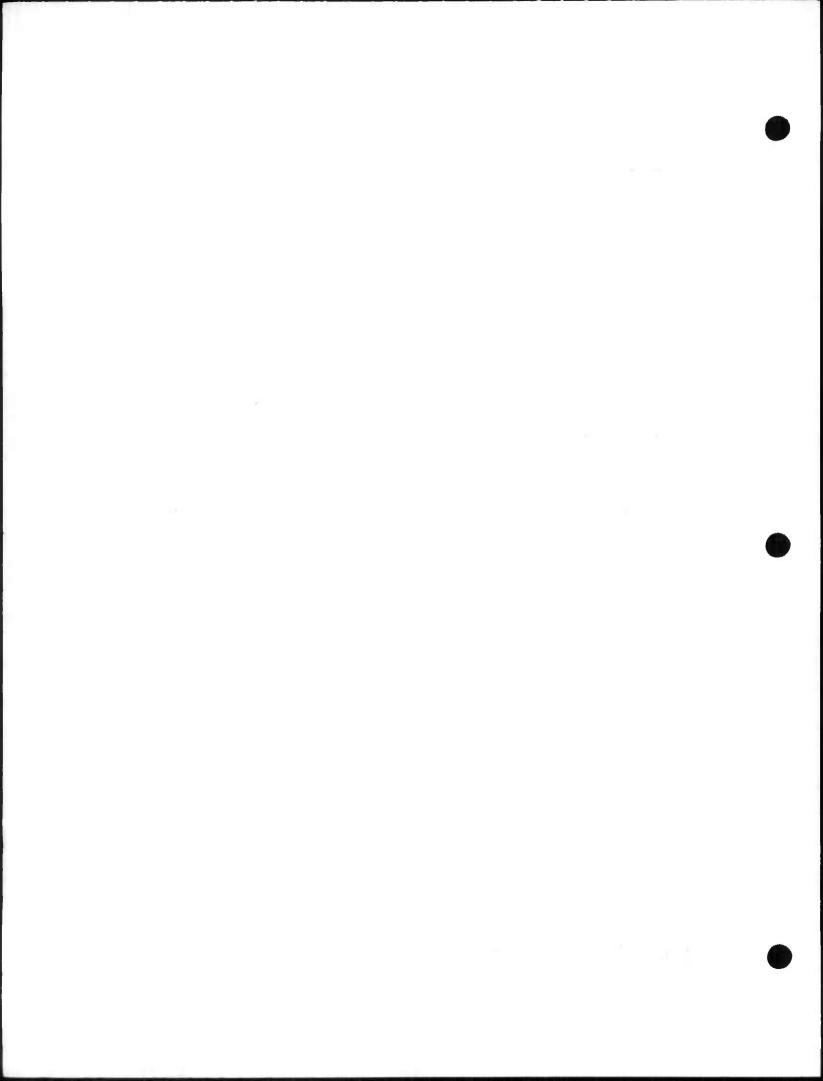
COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) 1, MD Ross 1159 720 Rutlandtoe Bultimore, MD 21205

	nit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	NYSICIANY: the law requires that the destinct certificate be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician. It is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal. e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE THE OFFICE ATTENDING PHYSICIAN; THE LAW REQUIRES THAT THE CERTIFICATION OF EXPENSION OF COMPILED MITTING TO THE THIS CONTINUE AND COMPILED MITTING THE THEORY OF THE COMPILED MITTING THE CONTINUE AND COMPILED MITTING THE CONTINUE AND COMPILED MITTING THE CONTINUE AND COMPILED MITTING THE CONTINUE AND	when 2 hours are dean with the State Lept. or hearth and wettal hyders prior to burlat, cremation, or removal. TANY If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF

ARR 2 14 1993"

	FOR 1 - STATE REGISTRAR	STATE OF MARYL				IEALTH AND			E		1596
	1. DECEDENT'S NAME (First, Middle, Last)		CENTIL	ICAI	E OF	DEATH		REG. NO		_	
	Ernest (nmn)	Roberts					2. DATE OF MONTH	DEATH	1993	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	JF UND	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			BIDTUDI	ACE (State or Foreign
	213-07-9862	1 € M 2 □ F 82	YRS.	MONTHS		HOURS MIN.	July	my Manet	1910	Country) New	
	9e. FACILITY NAME (If not institution, give s	treet end number)		9b, CI1	Y, TOWN O	OR LOCATION OF O	EATH		9c. COUNT	TY OF OEAT	H E
TOR.	133 Ventnor Terro	ice		Du	ndalk	2			Balt	imore	
DIRECTOR	10e. STATE 10b. COUNTY		10c. CI Du	ry, Jown ndal	OR LOCAT	ION		d. INSIDE CITY LIMITS? YES XX NO			
7	10e. STREET AND NUMBER				101	ZIP CODE			10g, CITIZ		T COUNTRY?
FUNERAL	133 Ventnor Terro	100				21222				ed St	
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	111		ENDENT OF HISPA	NIC ODICINA (I	and W			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? XX YES		If yes, spe	ecify Cuban, Maxico	en, Puerto Rica	in, etc.)	or No		American Indian, Inite, etc. White	
	15. DECEDENT'S EDU- (Specify only highest grade	CATION	16e. DECEDENT				16b. KI	ND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT	work done	aunng mos	st of working					
릴	6 years		Rod Mi	ll			St	eel			
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Sumame)		
ш	Hugh J. Roberts				-		E. Hug		,		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAJLIN	G ADDRES	SS (Street e	nd Number or Rural	Route Number,	City or Tow	n, State, Zip (Code)	
F	Mrs. Annie L. Rot	erts	133	Vent	nor 7	Terrace,	Balti	more	, MD	2122	2
	20e. METHOD OF DISPOSITION 1 General Burlel 2 Commetter 3 General Removed Commetter 5 General Removement (Specify)	oval from State	PLACE AND DATE	other place	no Co	14n A/1	0/1003	Town	SON . A	Kanup.	and
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	NAME AN	D AODRESS OF FA	CILITY	7.000	0070	to egic	
	Brian T. Chisholm	Briant a			1166	WILDE HU	eriue.	$\omega \omega \omega$	U a a IVIE	/ 61	k, Inc. 222
	23. PART I. Enter the diseases, or o	complications that caused	tha death. Do	not anta	r the mo	da of dying, suc	h aa cardled	or resp	iratory arre	st,	Approximate
	IMMEDIATE CAUSE (Final	List only one couse on ea		,	In	kutum					Interval Batween Onset and Death
z	disease or condition and the second of the s										
ATIO	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE (P):							
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE	F):							
15		1		_							
Ľ	PART II. Other significent condition	a contributing to death be	it not resulting	in the u	inderlying	cause given in	Part I. 24	a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
호								PERFOR			AILABLE PRIOR TO MPLETION OF CAUSE
MEDICA							— '	YES 2	□ NO	OF	DEATH?
							-			1[YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL										
ᅙ	EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (Ch	eck only one)				
ΥS	1 YES 2 NO	1 - Inpetient 2 - ER/Outpe	rtlent 3 🗆 DOA			5 🗌 Residence	8 C Other (S	pecify)			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b, TH	ME OF JURY	28c. INJU		28d. DEŞCRI	BE HOW I	NJURY OCCU	RED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home farm	street for			201 LOCATIO	M /Change	and Monthson	David Bank	N
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Speci	(fy)		ciory, ornice		City or To	own, Stete)	and Number o	r Hurai Hour	Number,
COMPLE		CIAN: To the best of my knowledge. On the basis of examination									d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c LICENSE NUI	WRFR				onth, Day, Year)
TO BE	30, NAME AND PROPESS OF PERSON W	2				17319	2 -		Þ41	2/9-	> rodr)



DIRECTOR FUNERAL

use as the burial-transit permit. Pages 1, 2, 3

hours after death. Page 6 may be retained by the hospital or attending physician. Industrian the funeral director, page 5 should be detached for use as the burial-tran

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cremation, traumatic event, the

burial,

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attending physician a retal Hygiene prior to

signed by the

s certificate has been so the the State Dept. of H od, or Item 23 show

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After the

hours after d

TO THE HOSPINES TO THE FUNERAL DE FIRED WITHIN 72 M

other

6 the atten any Injury,

Shows

marked,

executed within

The law requires that the death certificate be

TENDING PHYSICIAN:

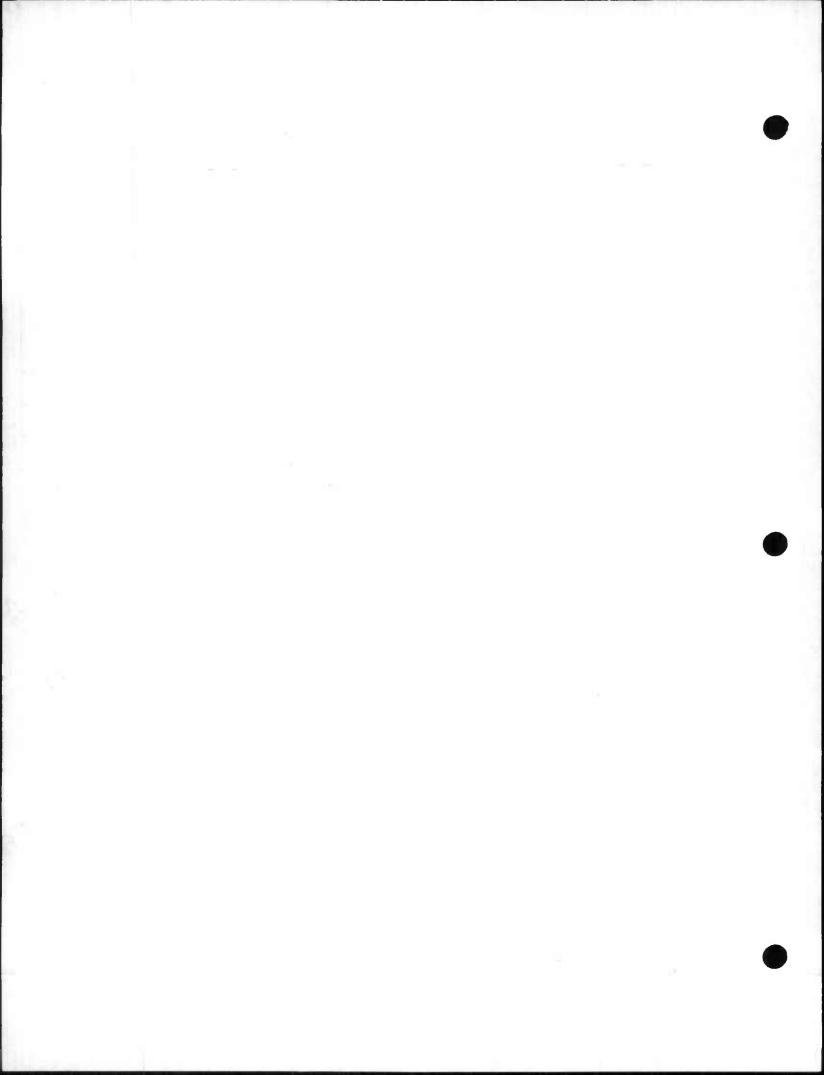
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

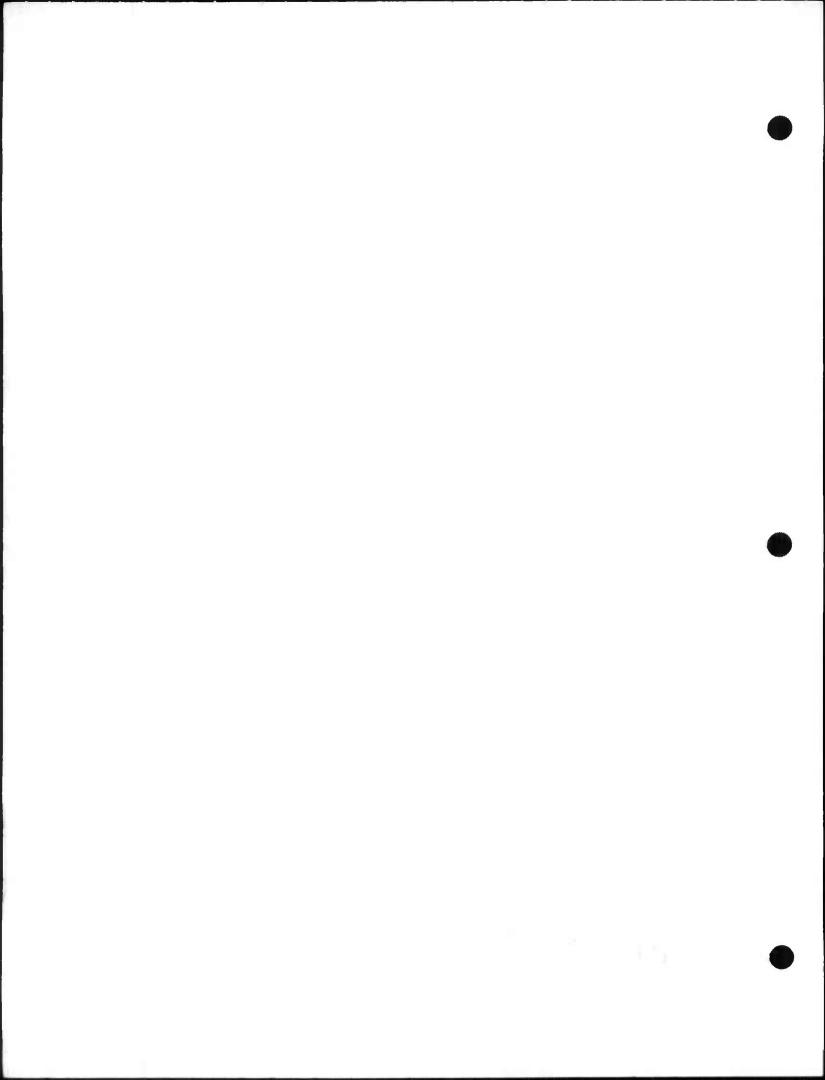
FOR STATE REGISTRAR 1 OECEDENT'S NAME (First Middle Leet) 2. DATE OF DEATH 3. TIME OF DEATH Earl Glon Rutherford, Sr. 1993 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign HOURS 75 234-10-3245 1X M 2 - F 3-30-1918 West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore City 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 THO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 113 Baltimore Avenue 21222 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, 1 Never Married 2 Narried 1 YES 27 NO BY Specify White 3 Widowed 4 Divorced Armu COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Pickler Inspector Steel Worker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Earl Rutherford Bessie Duvale BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Elsie Rutherford 113 Baltimore Avenue Dundalk, Maryland 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 29c. LOCATION — City or Town, State OATE 1 🔀 Burlet 2 🗆 Cremation 3 🗆 Red 4 🗆 Donation 5 🗆 Other (Specify) Holly Hill Mem. Gdns. 4/20/93 Middle River, MD 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Rosa 7922 Wise Avenue Dundalk, Maryland 21222 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or beart failure. List only one ceuse on each line. Approximate Interval Betw Onset and Death IMMEDIATE CAUSE (Final disease or condition MUHTOryan resulting in death) DUE TO JOR AS A CONSEQUENCE OF eudomuna CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING adder CAUSE (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: T YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF GEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 5 Pending Investigation 1 YES 2 NO 8 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE murph 41 2 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TS

DHMH-16 Rev 1/89



4YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene p	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
3	1. DECEDENT'S NAME (First, Middle, Last)						3. TIME OF C	DEATH	
	PATRICIA	ANN	SANDER	RS				3	м
	4. SOCIAL SECURITY NUMBER		(In yrs, last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State Country)	or Foreign
	239-80-3479 9a. FACILITY NAME (If not institution, give s	1 M 2 F	44 YRS.	111 == 1		9-11-4	18 G	EORGIA	
Œ					OR LOCATION OF DEA	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	2231 MCELDERRY				TIMORE				
IRE	10a, STATE 10b, COUNTY	A		, TOWN OR LOCAT				10d, INSIDE	CITY
	MD 100. STREET AND NUMBER		BA	LTIMOR				1 VES 2	l 🗆 NO
FUNERAL				101.	. ZIP CODE		275	OF WHAT COUNTR	177
SNE	2231 MCELDERRY 11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED	13 WAS DEC	21205	C ORIGIN? (Specify Yes		S.A.	
	1 X Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	ecify Cuben, Mexican,	, Puerto Rican, etc.)	n or No 14.	RACE — American Black, White, etc.	Indien,
В	3 Widowed 4 Divorced	1 1 201 201 2011 2011	ALEG	1 1 159	2 X NO Specify:			Specify: BLACK	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. DECEDENT'S I	ork done during mos	N st of working	16b. KINO OF BU			
J.E	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSEKE	retired.)					
JWC	17. FATHER'S NAME (First, Middle, Last)		HOUSEKE	PLING	TO MANUFACE MAN	E (First, Middle, Maiden			
	JAMES SANDERS				MARTHA	E (First, Middle, Maiden	Surname)		
BE C	19a. INFORMANT'S NAME (Type/Print)	-	196. MAILINO	ADDRESS (Street ar		oute Number, City or Tow	n State. Zip Coo	rin)	
٩	KIMBERLY SANDE	ERS				/BALTIMO			i
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cromation 3 Remo		D. PLACE AND DATE O		me of	DATE 20c. LO	CATION — City	or Town, State	
	4 Donation 5 Other (Specify)	N		CEMET			SDOWN	E, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D AOORESS OF FACI	ILITY			
	Minut	Te s.	tons	WM.C.	MARCH F	.H./1101	E. N	ORTH AV	Æ.
	21 PART I. Enter the diseases, or o	complications that cause List only one cause on e	d the death. Do no	ot enter the mod	da of dying, such	aa cardiac or reapi	iratory arreat,	Approx	ximata
	IMMEDIATE CAUSE (Final	Paris 10		6	`				and Daeth
	disease or condition resulting in death)	. 10426le	arre	ylinu	14				
		DUE TO (OR AS A	CONSEQUENCE OF						
NO N	Sequentially list conditions,	DUE TO OR AS	CONSEQUENCE OF	0 0	X				
CAT	if any, leading to immediate ceuse. Enter UNDERLYING	End st	ary 1	evil	Drice	an		İ	
H	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in death) LAST	d							
AL C	PART II. Other aignificant condition	Sepatributing to depth b	ut not recuiting	the upperlying	cause elven in F	24a. WAS AN	AUTOPSY	24b. WERE AUTOPS	V FINDINGS
	Insulu	Depurker		Salbet	1/1 //	PERFOR	MED2	AMAILABLE PR	IOR TO
MED		1				AZV 7 1 1 TES 2	□ NO	OF DEATH?	
ä						-		1 150 2	U NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	··· OPPITAL			ACE OF DEATH (Chec	k only one)			
YSI	1 TES 2 THO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER: 4 - Nursing Home	5 Mealdence 8	☐ Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	286. TIME INJU		IRY AT	26d. DEŞCRIBE HOW II	NJURY OCCURE	ED	
B	2 Accident Investigation	20 Pt 407 OF IN HIP			ES 2 NO				
8	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, atc. (Spec	— At home, ferm, st :ify)	reet, factory, offica	1	281. LOCATION (Street a City or Town, State)	and Number or R	lural Route Number,	
LET	29a. CERTIFIER								
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of my know R: On the baels of examination	iedge, death occurred n end/or investigation	J at the time, date a	and piece, and due to	the ceuse(a) and men	nner as stated.		
	29b. SIGNATURE AND TITLE OF CENTIFIER			, at my opinion, ac					
BE	A	1/1/2	MAS		29c. LISENSE NUMB	1 / 2	29d. DATE SIG	SNED (Month, DIN, Y	ner)
유	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	010	1001		12019	3
	Varan A.	BEUTRA	1) 10	1401	W BA	RLT (TP	3 A1+	MISI
	31. DATE FILED (Month, Day, Year)	32 RECEPTIANS SIGN	10 m. 2. 60	140		3~11	1	1101	2/222
	APR 21 1993	gina emilion-	Manhappe				,		1100

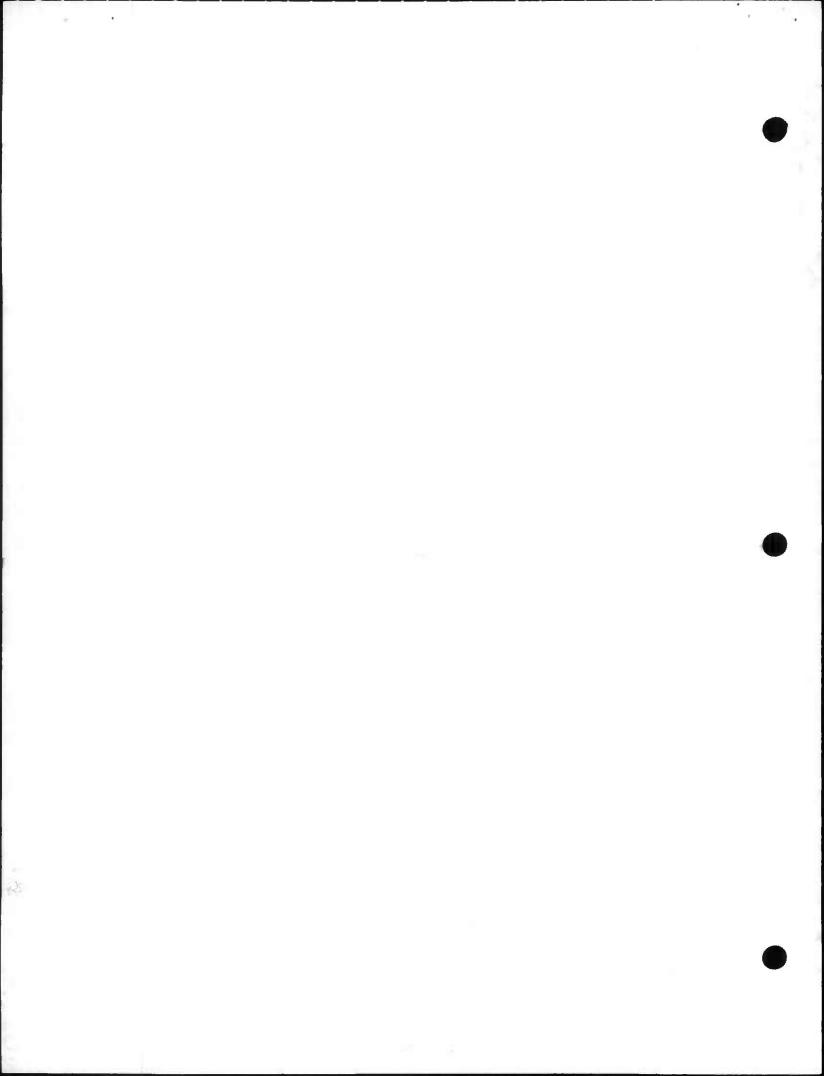


DHMH-16 Rev 1/89

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		REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).	
	- 1	1. DECEDENT'S NAME (First, Middle, Last)	0 6.64	1001			DATE OF DEATH	DAY X	3. TIME OF DEATH
		4 SOCIAL SECURITY MUMBER		vart	Carried Co.		4 1	6 9	3 215 P
모		0.10	10 H 25 7		NTHS DAYS		DATE OF BIRTH (Month, Day, Year	22	BIRTHPLACE (State or Foreign Country) N. C.
2, 3 should	OR	9a. FACILITY NAME (If not institution, give str	et and number)	94	Bal	timor, m	D	9c. COUNTY	OF DEATH
- -	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Lan out a	OWN OR LOCA				
регтіт. Pages	DIRECTOR	MD			timor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
E-8	AL	10a. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
nsit.	E	2200 Homewood	Ave. Apt.	304		21218		U	ISA
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	CENDENT OF HISPANIC C secify Cuban, Mexican, Pi 2 X NO Specify:	PRIGIN? (Specify Yeuerto Rican, etc.)	s or No— 14	. RACE — American Indian, Black, White, atc.
nding as the									Specific Black
or ath	ETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S US (Give kind of work Ma. Do NOT use n	UAL OCCUPATION I done during months itined.)	ON ost of working	16b. KIND OF BU	JSINESS/INDUS	TRY
MARYLAND 212: retained by the hospital or att 5 should be detached for use notified at once.	7	Elementary/Secondary (0-12) 4 t h	College (1-4 or 5 +)	Domesti					
the hos detach	COMPL	17. FATHER'S NAME (First, Middle, Last)		200301		18. MOTHER'S NAME (First Mirks Maida	Sumamal	
A to pa to p		Lenny Smith				Mamie S		Gurnamey	
MAR retained 5 should notified	BE O	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural Route		en, Stata, Zip Co	ode)
M e reta	2	Barbara Stewar	t						, MD 21229
RE, nay be page		20a. METHOD OF DISPOSITION	200	PLACE AND DATE OF	DISPOSITION (N	ame of			y or Town, State
TO e 6 n		1XDBurial 2 Cremation 3 Remon	ral from State cen	Baltimor	e Cem	etery	Ва	ltimo	re. MD
TIN Pag ral di		21. SIGNATURE OF FUNERAL BERVICE LICE				NO ADDRESS OF FACILITY			, , , , , , , , , , , , , , , , , , , ,
BALTIMORE, MARYLAND after death. Page 6 may be retained by the hospita by the funeral director, page 5 should be detached noval.		Minet	U 15-6	toxios	WM C	. MARCH F	.H./11	01 E.	NORTH AVE.
and and and and and and and and and and		23. PART i. Enter the diseases, or co shock, or heart failure. L	mplications that cause	d the death. Do not	antar the mo	oda of dying, such as	cardiac or resp	dratory arres	
	- 1	IMMEDIATE CAUSE (Final	Production of the second			:1	141		interval Between Onset and Death
- 10		disease or condition resulting in death)		Caryen	fore 1	Heart to	Flore		
68760, ecuted within and completely burial, cremati			OUE TO (OR AS	A CONSEQUENCE OF):	-		-	~	
68 ecute and c	NO	Sequentially list conditions, b.	Chrone	Dostruct	me !	Heart Fair	1 Dese	arl	
SOX ate be en ysician a prior to	Ě	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF):			1		
.O. BOX certificate be ding physician tygiene prior tr r other traur	은	CAUSE (Disease or injury C.	OUF TO (OR AS A	A CONSEQUENCE OF):					
O # # # 5	CERTIFICATION	that initiated events resulting in death) LAST	302 10 (011 110)	CONDEGUENCE OF J.					j
	E	d.							
L 5	EDICAL	PART II. Other significant conditions			ha undarlyin	g cause given in Part	I. 24s. WAS AF	NAUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
S that need by buth and amy	음	Atrout Fi	oritla from	1			1 TYES		COMPLETION OF CAUSE OF DEATH?
RECOF requires tha been signed t. of Health a shows any	ME								1 TYES 2 NO
* 0 E m	1						i i		
VITAL AN: The law tificate has e State Depr	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF OEATH (Check of	nily one)		
ICIAN: ertification the St	YSI	1 YES 2 NO	Inpatient 2 - ER/Outp			ne 5 🗆 Residence 8 🗆	Other (Specify)		
PHYS this with with	ву РНУ	27. MANNER OF DEATH Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME O	/ Wo	PURY AT 284 ORK? YES 2 NO	s. OESCRIBE HOW	INJURY OCCUP	ŒΟ
0 0 40 0	TED B	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	f — At home, farm, stree	et, factory, offic	281	LOCATION (Street City or Town, State		Rural Route Number,
	ш	29a. CERTIFIER (Check only	AN: To the best of my know	riedge, death occurred a	f the time, date	and place, and due to the	te Cause(e) and ma	nner se eteted	
₹ 4 K =	COMPL								ause(e) end manner ee stated.
FUN With		296. SIGNATURE AND TITLE OF CERTIFIER	111			29c. LICENSE NUMBER			IGNED (Month, Day, Year)
TO THE HOSP! TO THE FUNER be filed within IMPORTANT:	TO BE	K. Dance	Lal	un	_	pude	1	D 4.	-16-53
	F	2. DAVID ANDRESS OF PERSON WHO	COMPLETED CAUSE OF DE			2100	J CJ 3	> 1.1	Ma Sural
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	OF MA HE	JAI TAL	L 2+ Street	we sty	serty 1	MD. 21201
3	}	APR 2 1 1993	The Director	Asadelle.			. —	,	
		111 ~ 1 1000	7						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 46	REGISTRAR		CERTIFI			REG. NO.		
1 1	1. DECEDENT'S NAME (First, Middle, Last)	SCHA	FER			2. DATE OF DEATH MONTH	W GZE	an 3. TIME OF DEATH
- 8	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIFTH		BIRTHPLACE (State or Fore
	380-46-9853	1.0			IOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 21		Country)
	9a. FACILITY NAME (If not institution, give s		02	9b. CITY, TOWN OR	LOCATION OF DEA		9c. COUNTY	Ukraine OF DEATH
стов	Hebrew Home of (Greater Wash	ington	Rocku	ille		Moro	toonery
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	γ	10c. CITY	Y, TOWN OR LOCATIO	N			10d. INSIDE OTTY
E I		taomeru_	100	Rockville				LIMITS?
	100. STREET AND NUMBER	<u>egomety</u>	, , ,		IP CODE		10g. CITIZEN	OF WHAT COUNTRY?
ERAL	6121 Montrose	Road		2	0852			.S.A.
FU	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECEN	DENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I			NO Specify:	Puerto Rican, etc.)		Black, White, etc. Specify:
ED	15. DECEDENT'S EDUC	CATION	16a DECEDENT'S	USUAL OCCUPATION		Lan vene as even		White
19	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	vork done during most	of working	16b. KIND OF BUS	SINESS/INDUST	нү
교	9	College (1-4 of 5+)	Homemo	akon		Own Hom	0	
COMPL	17. FATHER'S NAME (First, Middle, Last)		Homemo		8. MOTHER'S NAM	E (First, Middle, Maiden		
l m l	Isaac Jacob Wol	lack			Bassio	wollach		
TO BI	19a. INFORMANT'S NAME (Type/Print)	1	19b, MAILINO	ADDRESS (Street and		oute Number, City or Town	n, State, Zip Cod	fo)
-	Gerald Schafer					eville.Md.		
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Rem	oval from State Qe	b. PLACE AND DATE O	F DISPOSITION (Name			CATION City	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		metery, cremetery of off IACNPELAN			1/93 Fli		
	Donald	O Stoe	dinge	STEIN 32 CA	HEBREW N	KEMORIAL F	UNERAL	HOME,INC. INGTON,D.C.
	23. PART I. Enter the diseases, or o	complications that cause	ed the death. Do no	ot enter the mode	of dving, such	as cardiac or respi	ratory arrest.	Approximate
	SNOCK, OF heart failure.	List only one cause on a	each line.					Interval Bet
	disease or condition resulting in death)	. ABPIR	ATION)	DNEW	Anna	<		1 DA
	resulting in country	DUE TO (OR AS	A CONSEQUENCE OF	7:	V (O IVI 11			
2	Sequentially list conditions,	b		-				
CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				
<u>일</u>	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	n:				
1 14 1	that initiated events							
RTIF	that initiated events resulting in death) LAST							
	resulting in death) LAST	d						
	PART II. Other significent condition		- 0	n the underlying	cause given in P	art I. 24e. WAS AN		MAILABLE PRIOR TO
JICAL CE	PART II. Other significent condition	contributing to deeth	- 0	n the underlying of	cause given in P		MED?	MAILABLE PRIOR TO
JICAL CE	PART II. Other significent condition		- 0	n the underlying o	cause given in P	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
AN: MEDICAL CE	PART II. Other significent condition		- 0	esenti.	atal	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL CE	PART II. Other significent condition	hleenia, L	in diff	26 PLA	e OF DEATH (Chec	PERFOR 1 YES 2 k only one)	MED?	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
SICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out 288. DATE OF INJURY	tpetient 3 DOA	26. PLAC OTHER: 4 Nursing Home E OF 28c, INJUR	E OF DEATH (Chec	PERFOR 1 YES 2 k only one)	MED?	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	tpetient 3 DOA	26. PLM OTHER: 4 % Nursing Home 4 % Nursing Home WORN WORN	E OF DEATH (Chec	PERFOR 1 YES 2 k only one)	MED?	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	tpetient 3 DOA 28b. TIME	26. PLAM OTHER: 4 % Nursing Home 6 F 28c. INJUR UNY M 1 VE	E OF DEATH (Chec	PERFOR 1 YES 2	MED?	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	tpetient 3 DOA 28b. TIME	26. PLAM OTHER: 4 % Nursing Home 6 F 28c. INJUR UNY M 1 VE	E OF DEATH (Chec	PERFOR 1 YES 2	MED?	1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 1 Could not be determined 29a. CERTIFIER Check only 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpatient 2 ER/Out 288. DATE OF INJURY (Month, Day, Year) 288. PLACE OF INJUR building, etc. (Spa	tpetient 3 DOA 28b. TiME INJU Y — At home, farm, et	26. PLAM OTHER: 4 PLANUTSING Home E OF WORN M 1 VEI freet, factory, office	E OF DEATH (Chec	PERFOR 1 YES 2 Nonly one) Other (Specify) 28d. DESCRIBE HOW II City or Town, State)	MED? NO NJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO DUTE Route Number,
MPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 1 Could not be determined 29a. CERTIFIER Check only 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpetient 2 ER/Out 288. DATE OF INJURY (Month, Day, Year) 288. PLACE OF INJUR building, etc. (Spa	tpetient 3 DOA 28b. TiME INJU Y — At home, farm, et	26. PLAM OTHER: 4 PLANUTSING Home E OF WORN M 1 VEI freet, factory, office	E OF DEATH (Chec	PERFOR 1 YES 2 Nonly one) Other (Specify) 28d. DESCRIBE HOW II City or Town, State)	MED? NO NJURY OCCURE and Number or R	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 1 Could not be determined 29a. CERTIFIER Check only 1 CERTIFYING PHYSIC	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spa	tpetient 3 DOA 28b. TiME INJU Y — At home, farm, et	26. PLAC OTHER: 4 Nursing Home E OF URY M 1 Ver treet, factory, office d at the time, data ar n, in my opinion, dear	E OF DEATH (Chec	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW if City or Town, State) the cause(a) and mar me, date and place, an	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 29e. CETTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CETTIFIER	HOSPITAL: 1 Inpatient 2 ER/Out 288. DATE OF INJURY (Month, Day, Year) 288. PLACE OF INJURY building, etc. (Spa CIAN: To the best of my know R: On the besis of examination S + aff	tpetient 3 DOA 28b. TiME INJU Y — At home, farm, at scity) wiedge, death occurred on and/or investigation	26. PLAM OTHER: 4 PLANUTSING Home E OF WORM M 1 VEI treet, factory, office d at the time, data ar n, in my opinion, dear	E OF DEATH (Chec 5 Residence 6 Y AT 2 NO d place, and due be th occured at the til	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW if City or Town, State) the cause(a) and mar me, date and place, an	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO ED Lural Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spa	tpetient 3 DOA 28b. TiME INJU Y — At home, farm, at scity) wiedge, death occurred on and/or investigation	26. PLAM OTHER: 4 PLANUTSING Home E OF WORM M 1 VEI treet, factory, office d at the time, data ar n, in my opinion, dear	E OF DEATH (Chec 5 Residence 6 Y AT 2 NO d place, and due be th occured at the til	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW if City or Town, State) the cause(a) and mar me, date and place, an	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO ED Lural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 29e. CETTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CETTIFIER	HOSPITAL: 1 Inpatient 2 ER/Out 288. DATE OF INJURY (Month, Day, Year) 288. PLACE OF INJURY building, etc. (Spa CIAN: To the best of my know R: On the besis of examination S + aff	Ipetient 3 DOA 28b. Time InJuny At home, farm, at scilly) At home, farm, at scilly At home, farm, at scilly At home, farm, at scilly At home, farm, at scilly At home, farm, at scilly At home, farm, at scilly At home, farm, at scilly At home, farm, at scilly At home, farm, at	26. PLAM OTHER: 4 PLANUTSING Home E OF WORM M 1 VEI treet, factory, office d at the time, data ar n, in my opinion, dear	E OF DEATH (Chec 5 Residence 6 Y AT 2 NO d place, and due be th occured at the til	PERFOR 1 YES 2 Other (Specify) 28d. DESCRIBE HOW if City or Town, State) the cause(a) and mar me, date and place, an	NJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO ED Lural Route Number,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

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BALTIMORE, MARYLAND 21215-0020	r attending
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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE MOSPITAL OR ATTENDING THIS AMENICATION IN SILVER AND A SECOND STREET OF THE MOSPITAL OR ATTENDING SHE GRAIT. Page 6 may be	TO THE FUNERAL DIRECTOR: After this centrality has been signed by the attending physician and completely filled in by the funeral director, page	the flad within 79 hours after days and the free of Banks and Mantel Banks to buries to business as commend

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

may be retained by the hospital or attending physician.	r, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		st be notified at once.	
U THE MUSPITAL OFF ALL ENDING THIS WAS THE TRANSPORT OF THE CONTROL OF EXECUTED WITH 24 HOURS ARE LEADED BY BE RETAINED BY THE HOSPITAL OFF AL	O THE FUNERAL DIRECTOR: A mention and a person signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

									9	3	11601
FOR STATE REGISTRAR		STATE OF MA	RYLAN	ID / DEPAR				MENTAL HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First,	Middle, Lust)	-					DEATH	2. DATE OF DEATH			3. TIME OF DEATH
RACHEL (RA	Y) TR	IESTMAN						APRIL 12 0	199		9:45 A
4. SOCIAL SECURITY NUMBER	DER	5. SEX 6.	AGE (In y	rrs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		. BIRTHP	PLACE (State or Foreign
076-28-1919		1 □ M 2x x F	92	YRS.	MONTHS	DAYS	HOURS MIN.	APRIL 15,	1900	RUS	SIA
9a. FACILITY NAME (If not in					96. CITY		OR LOCATION OF DE	ATH	9c. COUNT		
HEBREW HOME	OF GR	REATER WASH	INGT	ON		ROC	CKVILLE		MON	NTG0	MERY
MARY LAND	10b. COUNT			10c. CITY	LVE	R SF	TION PRING			- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						10	H. ZIP CODE		10g. CITIZE	N OF WI	HAT COUNTRY?
1220 EAST WE	EST HI	GHWAY APT.	308	Š			20910		(I.S.	Α.
11. MARITAL STATUS 1 Never Married 2	96dd	12. WAS DECEDENT E	VER IN U.	S. ARMED	13.	WAS DE	CENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 1	I. RACE	- American Indian, White, etc.
3 Widowed 4 Divo	rced	IF YES, GIVE WAR					S 2 NO Specify			Specify	
(Specify only	EDENT'S EDU y highest grade	JCATION e completed)	16	(Give kind of w	ork done			16b. KIND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0	1-12)	College (1-4 or 5+)		ORY CLEANING				MERCHANT			
17. FATHER'S NAME (First, M. (UNKNOWN)	iddle, Last)						18. MOTHER'S NA	'S NAME (First, Middle, Malden Surname)			
19a. INFORMANT'S NAME (7)	vne/Print)			10h MAH INC	ADODEC	C /Ctmat			0	1 / A	RYLAND 209
MORRIS L. TI		IAN		1220 E	AST	WES	ST HIGHWA	y APT.308,	SILVI	ER S	PRING,
20a. METHOD OF DISPOSITION 1 D Burial 2 Cremation 4 Donation 5 Other	n 3 🗆 Ren	noval from State	20b.PL comete BET	ACE AND DATE OF OF OF SHOLO	F DISPOS ber place)	ONGR	REGATION	DATE 200. LO	CATION — CH PITOL	y or Tow HEI	OHTS.
21. SIGNATURE OF FUNERAL	L SERVICE LI	CENSEE OTOZ	Zu	nuer	22. S	NAME A	ND ADDRESS OF FA	MEMORIAL F	UNERA	L HO	ME, INC.
23. PART I. Enter the di shock, or he	seases, or eart fallure.	complications that ca	nused th	ne death. Do n	ot enter	the me	ode of dying, such	TREET, N.W has cardiac or respi	ratory arres	st,	Approximate Interval Between
IMMEDIATE CAUSE (Findisease or condition					04	610,	nd As ein	M TIL	=1-1		Onset and Death
resulting in death)		DUE TO (OR	AS A CO	ONSEQUENCE OF):	RVI	001136461	TR VIS	6476	-	TEARS
20000000000000		ESSEN	1711	72 H	147	EK	TENSI	ON			YFARC
disease or condition resulting in death) a. <u>HYPERTENSIVE OFARDIONAS CULLAR</u> DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									1,0,7,5		
CAUSE (Disease or Inju that initiated events resulting in death) LAS		DUE TO (OR	AS A CO	ONSEQUENCE OF):						
PART II. Other significal HYPOTH	nt condition	DISM C		not resulting in		1	g cause given in	/ DEDECD	MED?	- 7	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

SITE 7

OF DEATH? 1 TES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?
1 YES 2 NO

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 26s. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one) e 5 🗆 Residence 6 🗆 Other (Specify)

28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

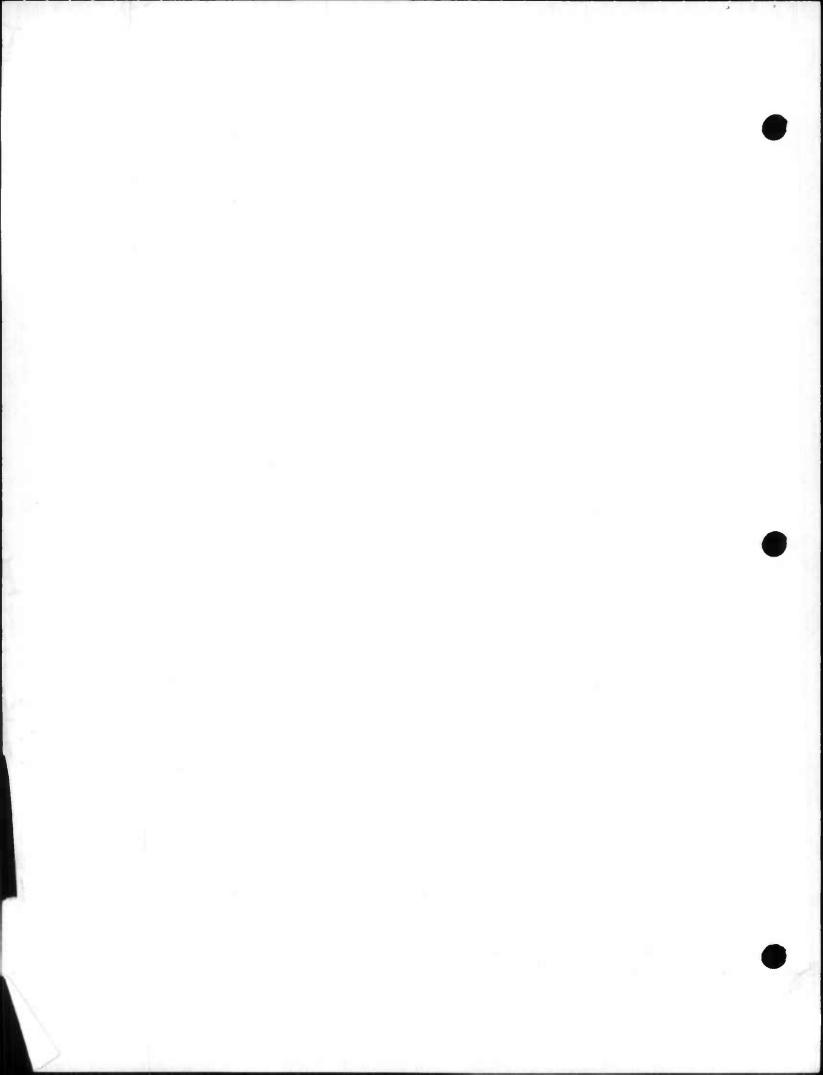
28f. LOCATION (Street and Number or Rural Route Number City or Town, State)

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SIGNATURE AND SHILE OF CENTIFIER	4	
Steven	trazer	MD
NAME AND ADDRESS OF SOME		

STEVEN MOUTROSE

and the figure

		1. DECEDENT'S NAME (First, M	WebstE	0 50				2. DATE OF DEAT	DAY	YEAR 93	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER 201-05-8623	5. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 3 - 30 - 1	0		LACE (State or Foreign	
2. 3 should	ron		Scott Key		9		on LOCATION OF DE		-	ITY OF DE	ATH	
permit. Pages 1.	DIRECTOR	RESIDENCE OF DECE	Ob. COUNTY			reet	ATION			- 1	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
- 1	ERAL	100. STREET AND NUMBER 1522 Aren	a Rd.			1	01. ZIP CODE 21154		US A	10g. CITIZEN OF WHAT COUNTRY?		
-0020 Ing physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Mill 3 X Widowed 4 Divorce	IF YES, GIVE W	YES 2 X	2 NO If yes, specify Cuban, Mexic			n, Puerto Rican, etc.	Yes or No	Black,	American Indian, White, etc.	
21215 al or attend for use as	LETED		DENT'S EDUCATION lighest grade completed) 2) College (1-4 or 5 +) (C	Bive kind of wor a. Do NOT use i	SUAL OCCUPAT rk done during in retired.)	TION nost of working	16b. KIND OF	BUSINESS/IND			
BALTIMORE, MARYLAND 2 ar death. Page 6 may be retained by the hospital the funeral director, page 5 should be detached for yeal.	BE COMPLET	17. FATHER'S NAME (First, Micro Marvin E.	144.1	niste	e (IE (First, Middle, Melden Surname) Hopkins					
E, MAR by be retained by be retained to page 5 should be notified	ТОВ	Katherine	Rice	19	522 /	ooness (street Arena	Rd./St	reet, M	Town, State, Zip D 211:	Code) 5 4		
ALTIMORE, Jeath. Page 6 may be funeral director, page		20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 4 Donation 5 Other (S)	3 Removal from State pecify)				al Cem.	D	arlin	-		
BALTIMORE hours after death. Page 6 may bed in by the funeral director, pa or removal. medical examiner must b		22. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE.										
760, ed within 24 ompletely fills al, cremation, event, the		23. PART i. Enter the dise shock, or hea iMMEDIATE CAUSE (Fine) disease or condition resulting in death)	a. Due to	t caused the dise on each line (oh as a conse	.			h as cardiac or r	espiratory arr	est,	Approximate Interval Between Onset and Deat	
P.O. BOX th certificate be ending physician if Hygiene prior to		Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	(OR AS A CONSE		701						
RECORDS, v requires that the dea been signed by the att r, of Health and Menta is shows any injury,		PART II. Other significant	conditions contributing to	death but not	resulting in	the underlyi	ng cause given in	PEF	S AN AUTOPSY RFORMED? S 2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
☐ 8 a ☐	YSICIAN	25. WAS CASE REFERRED TO I	HOSPITAL:		DOA 4	OTHER:	PLACE OF OEATH (Ch					
NG PHY ther this eath will marke	BY PHY	a Davide	restigation 28e. Pt ACE O		28b. TIME (INJUF	RY W M 1 □	28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED					
B B B B B	APLETED	4 Homicide ded	YING PNYSICIAN: To the best of	etc. (Specify) my knowledge, de	eath occurred	at the time, da	ts and placs, and due	City or Town, S	manner as stat	ed,		
TO THE HOSPITAL (TO THE FUNERAL D Be filed within 72 h IMPORTANT: If It	D BE COMPL	29b. SIGNATURE AND TITLE OF	F CERTIFICATION	the L	Investigation,	In my opinion,	29c. LICENSE NUI				and manner as stated. Month, Day, Year)	
	5	30. NAME AND ADDRESS OF P	l'aller	no ris	M 27) (Type, P	rint) HYOW	ias Sc	of her	1 M	eal	ed cum	



10a. STATE

Maryland

11. MARITAL STATUS

10e, STREET AND NUMBER

16003 Kenny

1 Never Married 2 XMarried

3 Wildowed 4 Divorced

Elementery/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'B NAME (Type/Print)

Andrew Watt, Jr.

James Arthur Boardman

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

061-01-2107

RESIDENCE OF DECEDENT

ETHEL B.

9a. FACILITY NAME (If not institution, give street and number)

Greater Laurel Nursing Home

Road

15. DECEDENT'S EDUCATION

(Specify only highest grade completed)

WATT

1 | M 2 XXF

Prince Georges

College (1-4 or 5+) 0

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

FORCES? 1 YES 2/

5. SEX

10c. CITY, TOWN OR LOCATION

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)

Homemaker

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY TOWN OR LOCATION OF DEATH

10f. ZIP CODE

20707

DAYS

Laurel

Laurel

8. AGE (In yrs. last birthday)

78 YRS.

use as the burial-transit permit. Pages 1, 2, 3 should

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detached

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DIRECTOR

FUNERAL

BY

COMPLETED

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law requires that the death DIVISION OF VITAL RECORDS, HOSPITAL OR ATTENDING PHYSICIAN: The

by the funeral director, page 5 should be smoval. 20s. METHOD OF DISPOSITION
1 Surial 2\(\subseteq\)\(\subseteq\)\(\text{Cremation 3 \subseteq\}\) Removal from State
4 Donation 5 \subseteq\)\(\text{Other (Specify)}\) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must Ba Th Timore-Washington Crematory 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL OF Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel medicai 23. PART I. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by t on, or remov shock, or heart failure. List only one cause IMMEDIATE CAUSE (Finel the disease or condition noumorna completely reaulting in deeth) arted within DUE TO (OR AS A CONSEQUENCE OF): nal. tra eme n TO JOH AS ACONSEQUENCE OF CERTIFICATION Sequentially list conditions, if eny, leading to immediate sease cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL signed by the any has been Dept. of t PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) item ; After this certificate I death with the State HOSPITAL: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA me 5 - Rasidence 6 - Other (Specify) 4 10 Ni 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide ETED | L DIRECTOR: A hours after de item 28 Is 60 4 🔲 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print APR 2 1 1993

2. DATE OF DEATH 3. TIME OF OEATH 310A 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formior 06-19-14 New York 9c. COUNTY OF DEATH Prince Georges 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 XNO Specify: Specify: White 16b. KINO OF BUSINESS/INDUSTRY N/A 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie MacGibbon 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16003 Kenny Road, Laurel, Maryland 20707 20c. LOCATION - City or Town, State Laurel, Maryland **Approximate** Interval Between Onset and Death

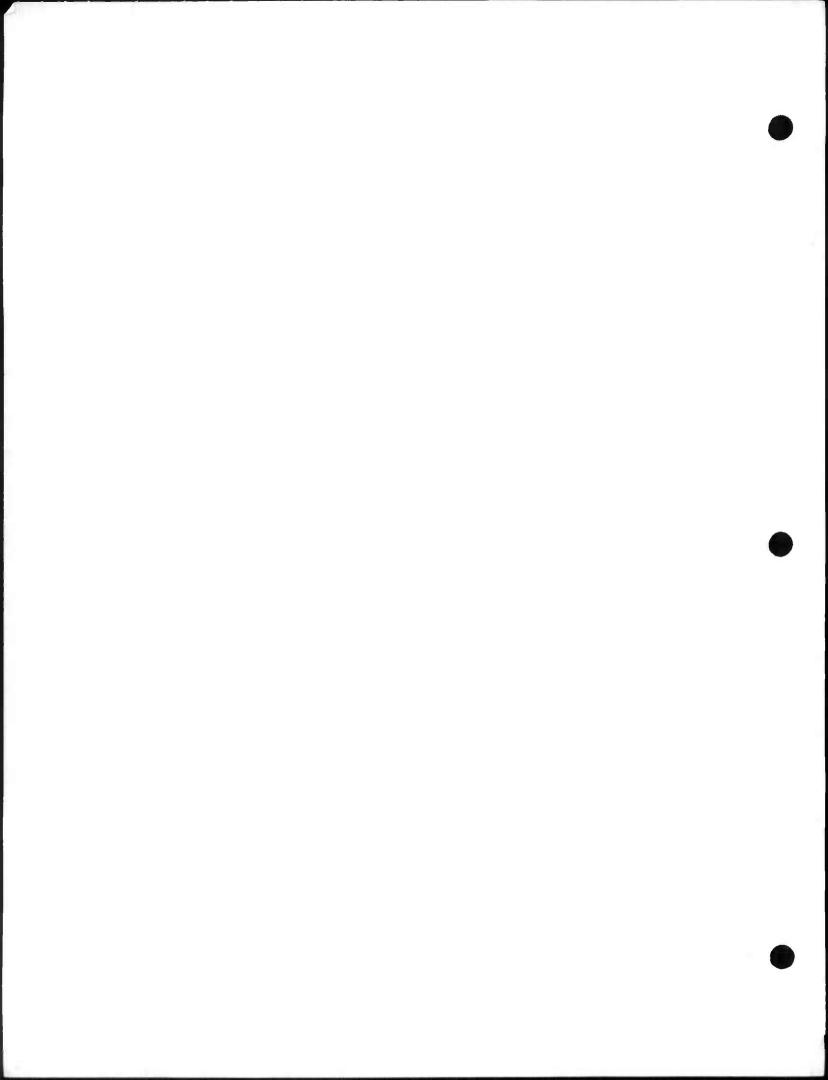
> 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Morgh, Day, Year)

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR					IENTAL HYGIEN	_	3 1160	ال
	1. DECEDENT'S NAME (First, Middle, Last)	Frances Wi	lson					2. DATE OF DEATH			
	4. SOCIAL SECURITY NUMBER		rs. lest birthday)	IF UNDER	VEAD	E INOTA		7. DATE OF BIRTH			М
		1 D M 2 X F 74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		8. BIRTHPLACE (State or Fore Country)	elgn
1	003-20-4342		THS.					1-29-191	.9	V a	
	9a. FACILITY NAME (If not institution, give stre					R LOCATIO	N OF DEA	TH	9c. COUN	TY OF DEATH	
25	3701 Edmondson A	venue		В	<u>alti</u>	more					
DIRECTOR	10a. STATE 10b. COUNTY			time		ION		10d, INSIDE CITY LIMITS? 1\(\sum \text{YES} 2 \sum \text{NO}			
UNERAL	3701 Edmomdson	Avenue			101	212	29		17.5	EN OF WHAT COUNTRY?	
3		12. WAS DECEDENT EVER IN U.	S./ARMED	13 W	AS DEC			C ORIGIN? (Specify Yes			
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	2/MO	11	yea, spe	elfy Cuban	, Maxican.	Puerto Rican, etc.)	or No.	14. RACE — American Indian, Black, Whita, etc. Specify: Black	1,
PLETED	15, DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION 16 mpleted) College (1-4 or 5 +)	NN 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working								
COMPL.	17. FATHER'S NAME (First, Middle, Lest)					18, MOTH	ER'S NAM	E (First, Middle Mairlen	Sumame)		
711	Oakley Thaxton						onni	AME (First, Middle, Maiden Surname) Tie West			
10	19th. MALLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Delories Warren 19th. MALLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3602 Edgewood Road Baltimore, Md 21215										
must be	20a. METHOD OF DISPOSITION 1 V Burlai 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	al from State 20b. PL.	ACE AND DATE OF STREET OF STREET OF STREET	of Disposition place)	Com/Ne	me of	,	DATE 200. LO 42493 Bal		ity or Town, State	
ě	21. SIGNATURE OF PUNETIAL SERVICE LICE!	SEE	<u>oudon</u>			D ADDRES		HE TOO DOLL	CTIHOT	e, mu	
medical examiner must	March F/H West 4300 Wabash Avenue										
vent, the medic	23. PART I. Enter the diseasea, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	disease or condition (ALTARATION)									
ry, or other traumatic event, the CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
hows any inju	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. CARDIO MYO PAT HY 24a. WAS AN A PERFORM 1 YES 2							MED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	O JUSE	
23 N											
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHES		ACE OF DE	ATH (Chec	k only one)			
	1 TYES 2 THO 1	☐ Inpatient 2 ☐ ER/Outpaties	nt 3 🗆 DOA	OTHER:		5 PResi	Idence 6	☐ Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF C	8c, INJL WOI			Rad. DESCRIBE HOW I	JURY OCCU	RED	
marked, BY PH	1. Netural 5 Pending 2 Accident Investigation		0.33	М		ES 2 🗌	NO				
28 is TED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — / building, atc. (Specify)	At home, farm, s	treet, factor	ry, office		1	281. LOCATION (Street a City or Town, State)	ind Number of	r Rural Route Number,	
MPORTANT: If Item		N: To the best of my knowledge On the basis of examination en									ted.
E C	20h SIGNATIIDE AND TITLE OF CERTIFIED										
MPO C	Somite	1 2	•					72	1 4	1/20/03	
음	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH	(ITEM 27) (Type.	Print)		0)		, -	7	1-180	
	/	MILLER			AC	4111	7 201	BLUD	RA	hom man)	122
	THOMAS S. MILLER 700 WASHINGTON BLVD BARTO. MD 21232 31. DATE FILED (MORTH, Day, Year) 32. REGISTRAR'S SIGNATURE										
	APR 2 1 1993 Fiche Levider Andre										



tained	Should	be filed withing their death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	INDESCRIPTION OF STREET SECTION SECTIO
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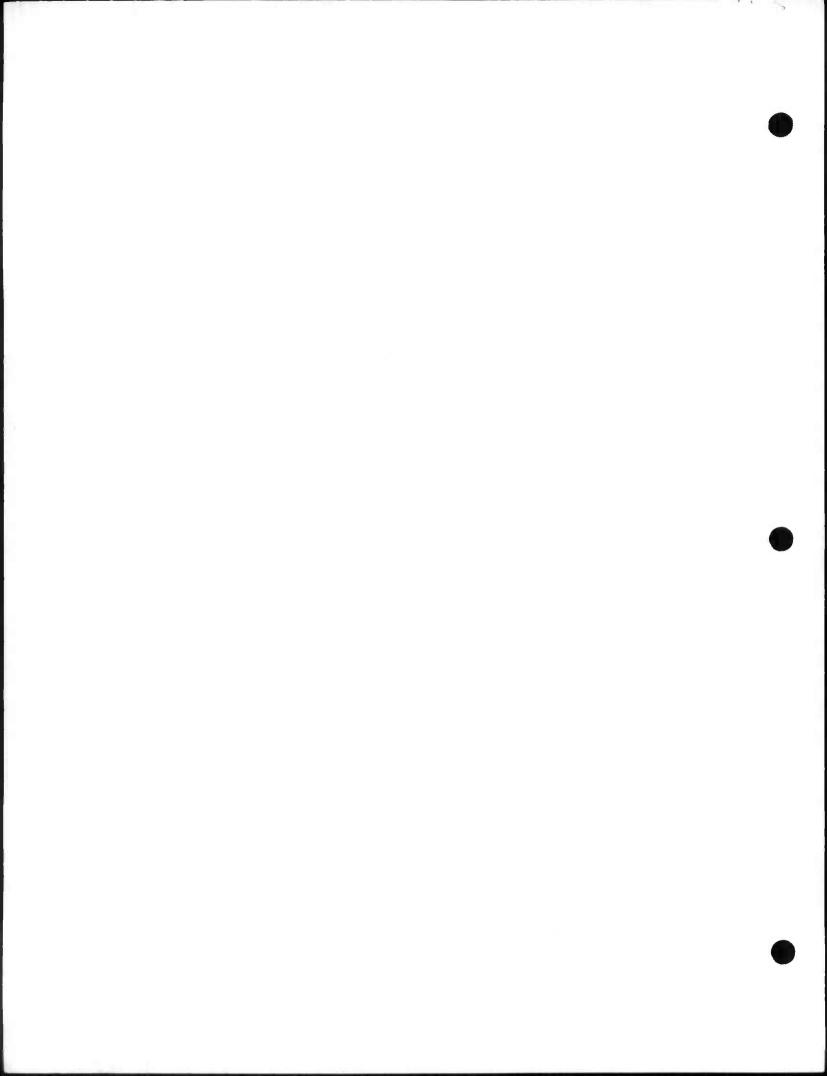
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	IEALTH AND DEATH	MENTAL HYGIEN		3 11605		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	PEARL	W.	ATKINS			0.4 1.7	1993	1:49 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. leat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1.5	BIRTHPLACE (State or Foreign Country)		
	213-12-6629		78 YRS.	MONTHS DAYS	HOURS MIN.	2-26-191	.5	Md		
~	90. FACILITY NAME (If not institution, give s				OR LOCATION OF O	EATH	9c. COUNTY	OF OEATH		
DIRECTOR	2413 BAKER ST. BALTIMORE									
Dia Co	10e. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY		
뚭	Md		Ba	ltimore						
AL.	10e. STREET AND NUMBER				, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	2413 Baker Str	eet		2	1216		US	Α		
15	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	e or No- 14.	RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O			2 NO Specif			Specify: Black		
	15. DECEDENT'S EDUC	CATION	18e. DECEDENT'S	USUAL OCCUPATION	N .	16b. KIND OF BU	CINEDO (INDUIGT	av .		
ET	(Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4 or 5+)	(Give kind of liffe, Do NOT us	work done during mo	st of working	IOU. KIND OF BU	314E33/14D031	R1		
AP.	9th									
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	AME (First, Middle, Maiden	Surneme)			
BE (William Green				Ida Mae					
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow				
-	Annie M. Watkin			Baker S		Baltimore,	, Md 2	1216		
	204 METHOD OF DISPOSITION X Burlel 2 Cremetion 3 Remo	oval from State 20t	CYOWNSVT	OF OISPOSITION (Na Memplace) V A	me of Com		CONTROL CITY	or Town, State		
	4 Donation 5 Other (Specify)		Crowiisvi		O ADDRESS OF FA		OWIISVI	TTE, Mu		
	· u o o)				est sh Avenue				
	Dlades	Wane		43	00 Wabas	h Avenue				
	23. PART i. Enter the diseases, or o shock, or heart fellure.	complications that caused List only one cause on a	d the deeth. Do rech line.	not enter the mo	de of dying, suc	h ae cerdiac or reep	iretory arrest,	Approximete Interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition	(0)	10	1	130			Onset and Death		
	resulting in death) e, Oug at Consequence of									
_										
[윤	Sequentially list conditions, if any, laading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):	V					
S S	cause. Enter UNDERLYING CAUSE (Disease or injury	۸								
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
CERTIFICATION		J								
7	PART II. Other significent condition			in the underlying	cause given in			24b. WERE AUTOPSY FINDINGS		
EDIC	1/3/21/M	GV'S 03	tack			PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME						_	0	1 WES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PL	ACE OF OEATH (Ch	eck only one)				
ξŁ	1 XYES 2 NO 27. MANNER OF CEATH	1 Inpatient 2 ER/Outp	3333			8 Other (Specify)				
	Netural 5 Pending	(Month, Day, Year)	28b. TIM	URY WO	PRY AT PRK? PES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCURE	0		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, ferm, s			28t, LOCATION (Street	and Number or B	umi Boute Number		
COMPLETED	4 Homicide 8 Could not be	building, etc. (Spec	city)			City or Town, State)	and remote of re	are ricotte ricinical,		
4	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ladge death accum	ed at the time date	and place, and do	4.45				
M.		R: On the beels of exemination						use(e) and manner se stated		
	29h. SIGNATURE AND TITUE OF CHRYSPIER									
BE.	Mh	2			29c. LICENSE NUI			18 – 1993		
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	O.C.M.	<u> </u>	04-	10-1993		
	AMDIXON		111 P	enn St	reet. P	Baltimore	. Mars	land 21201		
	31. DATE FILED (Month, Day, Year)	Juna Davidson-V	A and	CITI OC.		CALCAMOT C	, 1141)	,		
	APR 21 1993	Jana Havidson-1	Indution .							

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HIGH HIGH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RIGHTAR DIRECTOR: After this certificate has been signed by the attending physician and completely for	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF I	WARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO.	E	93	11606
	1. DECEDENT'S NAME (First, Middle, Last)	Richar	ed Carl	?	Wild				2. DATE O		10	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-09-2890	5. SEX	8. AGE (In yrs. less	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O (Month,		A BIRTHRI ACE (State or Foreign		ACE (State or Foreign
NG.	98. FACILITY NAME (If not institution, give st 2207 Lincoln AU				9b. CITY		dg eme					NTY OF DEAT	
5	RESIDENCE OF DECEDENT		I		<i>3</i>								
DIRECTOR	Maryland 106. COUNTY				Edgamata						d. INSIDE CITY LIMITS? YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 2207 Lincoln Av			101	. ZIP CODI	212	219			ZEN OF WHA	t country? d States		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MED O	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 [X] NO Specify:					American Indian, Phila, atc. White					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gi	ve kind of Do NOT u	work done of se retired.)	during mo	st of working	ng		CIND OF BUS			
M	17. FATHER'S NAME (First, Middle, Last)			Sil	eel u	orn						Steel	Corp.
BE CC	Rudolf Wild									ddie, Meiden Marga	,	Doeber	einer
TO 1	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADORESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) Edna C. Wild 2207 Lincoln Avenue Edgemere, Maryland 21219										21219		
	20e. METHOD OF DISPOSITION 1 🏿 Burlai 2 🔾 Cremation 3 🔾 Ramo 4 🔾 Donation 5 🗘 Other (Specify)	oval from State	20b. PLACEA	NDDATE	OF DISPOS	ITION /Na	me of		OATE	20c LO	CATION -	City or Town	
	21. SIGNATURE OF FUNERAL BERVICE LIC	PHOSE			22.	DUC	ia-Ru	ICR F	uner	ul Hon	ne of	Dund	alk, Inc.
	37012												yland 2122:
	Approximate shock, or heart failure. List only one ceuse on eech lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death Due to (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CI	PART II, Other algorificent condition	eaulting	In the un	derlying	cause (jiven in i		4a. WAS AN PERFOR	MED?	AM CC	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?		
N. M	7 3	:							-			1 [YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	1:			ck only one)				
PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	28s. OATE OF (Month, D		28b. TIM		28c. INJ WO	URY AT		6 Other (Specify)	NURY OCC	CUREO	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	F INJURY — At horetc, (Specify)	ne, farm,			rES 2	NO	28t. LOCAT	ION (Street a Town, State)	nd Number	or Rural Rout	e Number,	
COMPLETED	29a. CERTIFIER (Check only												
- 11	2 MEDICAL EXAMINES 29b. SIGNATURE AND THE OF CERTIFIER	. On the basis of e	amination and/or li	rvestigatio	on, in my o	pinion, d		_		nd placs, and			
O BE	Can	W					ZVC, LICE	SIS S	26		29d. DATI	Y (e	onty. Day, Your)
_	30. NAME AND ADDRESS OF PERSON AND COMPLETED CAUSE OF PEATH (ITEM 27) (Type, Print)												

are be executed within 24 nours arter death. Page 6 may be retained by the hospital or attending physician.	and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transit narmin page 1.2 a should	burial, cremation, or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in ceruncate be i	anding physician	th the State Dept. of Health and Mental Hygiene prior to burial	or other traun
ימו נווב מבמו	by the atte	and Mental	y injury, i
SICIAN. THE TAM TEQUIPES THAT THE DEATH CELUTICALE	ben signed	of Health	shows an
THE PAR	cate has b	State Dept.	item 23
PHISICIAN	this certific	with the S	ked, or
ENDING	DR: After 1	fter death	8 is mar
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		VEAC	3. TIME OF DEATH		
	Douglas		Winston	. Sr.		0.4	16	1993	0728 M		
			and	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D		S. BIRT	THPLACE (State or Foreign		
	219-50-1435 19a. FACILITY NAME (If not institution, give stree	1 \(\mathbb{M} \) 2 \(\text{F} \) 4	15 YRS.			6-7			V A		
œ			91		R LOCATION OF D	EATH	0	c. COUNTY OF	DEATH		
DIRECTOR	5400 Daywalt Avenue Baltimore										
E E	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY		
	MD		Balt	timore					LIMITS? 1 X YES 2 NO		
3AL	5400 Daywalt A				ZIP CODE		1	0g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	5400 Daywalt Av				21206			USA			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2)(_)(NO	If yes, spe	ENDENT OF HISPAI city Cuban, Maxico	an, Puerto Rica	spectfy Yea or n, etc.)	No- 14. RAI Ble	14. RACE — American Indian, Black, White, etc.		
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 ☐ YES 2 X NO Specify: Specify:							
8	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. K#	ND OF BUSINE	ESS/INDUSTRY	Black		
COMPLETED		College (1-4 or 5+)	(Give kind of work life. Do NOT use re	work done during most of working use retired.)							
MP			Labor	er		Qu	ualit	V			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA						
BE	James E. Winsto	n Sr.			Genev	a Tem	nle				
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, (City or Town, S				
	Shearn Winston				lt Ave.				21206		
	20a, METHOD OF DISPOSITION 1) Burlal 2 Cremation 3 Remova	al from State ceme	PLACE AND DATE OF D netery, cremetory or other	nlacel		DATE		TON — City or 1			
1 1	4 Donation 5 Other (Specify)	I KY	rbutus M		D Park		Arbi	utus,	MD		
1 1		tol	/						ĺ		
	WM C. MARCH F.H./1101 E. NORTH AV 23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approxima										
	23. PART I. Enter the diseeses, or con shock, or heart fellure. Lis	nplications that ceused at only one cause on er	the desth. Do not ech line.	enter the mod	ie of dylng, suc	h as cardiec	Dr respirati	Dry arrest,	Approximate Interval Between		
1 1	IMMEDIATE CAUSE (Finel disease or condition								Onset and Desth		
	resulting in death) Congestive Heart Failure										
	DUE TO (OR AS A CONSEQUENCE OF):										
0	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):								
₩.	if any, leading to immediate cause. Enter UNDERLYING	·									
Ĕ	CAUSE (Diseese or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						_		
CERTIFICATION	resulting in death) LAST										
	PART II. Other significant conditions of	contributing to death by	ut not reculting in t	h. wadarhdaa	-auga alius Is	S An-		- Tax			
CAL	That is only a plant of the control	John Duting to death Da	at not resuming in a	ne underlying	cause given in	Part 1. 241	PERFORME		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
MEDIC						1	YES 2 X	NO	COMPLETION OF CAUSE OF DEATH?		
Σ						_ 1	Inqui	ry	1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 Pl /	ACE OF DEATH (Ch						
Sic	EXAMINER?	IOSPITAL:		THED.	Residence						
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME OF	F 28c, tNJU	JRY AT			RY OCCURED			
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	RK7 ES 2 NO		DE TIETT	M. 0000	100		
D BY	2 Accident trivestigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, stree			28f. LOCATIO	N (Street and	Number or Rural	Route Number,		
12	4 Homicide determined	building, atc. (Special	Hy)			City or To	wn, State)				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	AN: To the best of my knowle	edge, death occurred a	t the time, data (and place, and due	to the causele	and manner	-a stated			
W	one) 2 MEDICAL EXAMINER: ((a) and manner as stated.		
1	296. NIGHTURE AND TITLE OF CHITIFIER	1/			29c. LICENSE NUR				D (Month, Day, Year)		
BE	Mouris he	Mill									
임	30. HAME AND ADDITIESS OF PERSON WHO C	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Prin	nt)	O.C.M	1.E.		04	16 1993		
	Margarita A. Kor				eet. Ba	-1+imc	re	Marul	and 21201		
	31. DATE FILED (Month, Day, Year)	A. 32 MEDISTRAR'S MENA	2730			11 6 41110)IE.	Матут	III CIZUI		
	APR 2 1 1993 9	4a Davidson-Man	Profession .								



If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

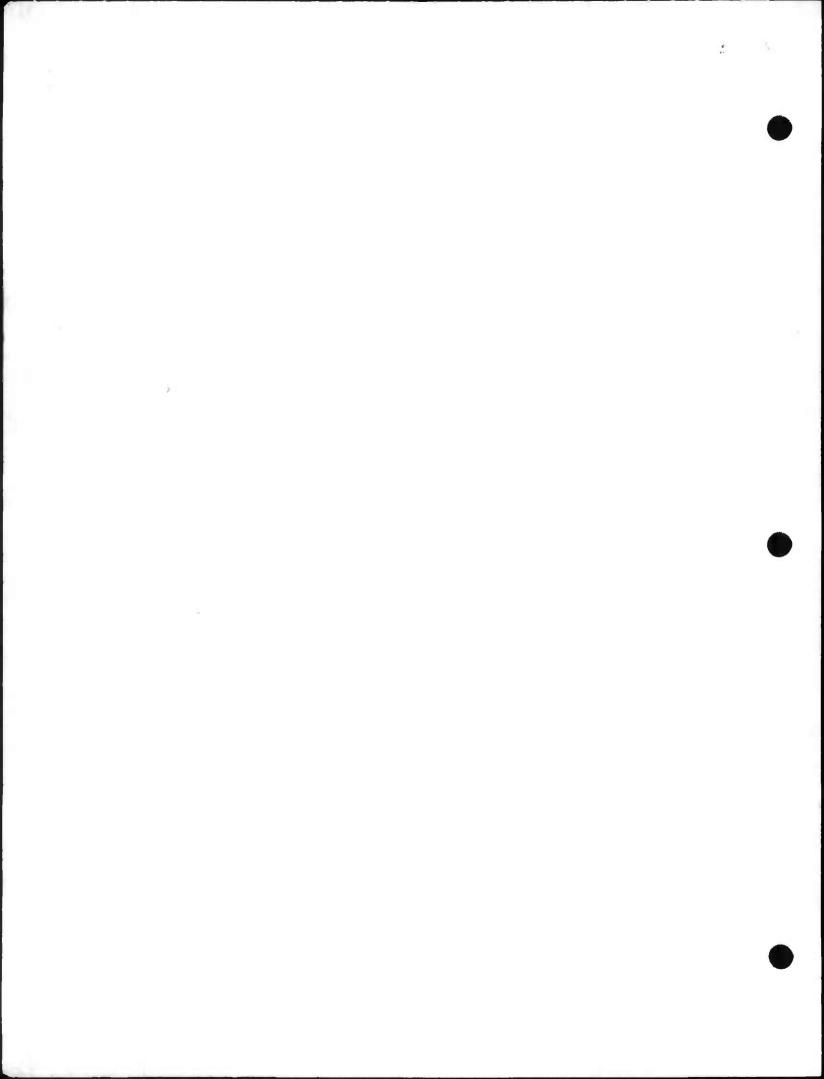
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STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
		C	ERTIFICATE	0	F DEAT	TH		DEG NO

	REGISTRAR		CERT	IFICATE	OF DEATH		REG. NO.					
	DECEDENT'S NAME (First, Middle, Lust)	Agatha R	Rosalie Z	!arak			DATE OF DEATH MONTH DATE A 17	AY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 21 8~07-0595	1 🗆 M 2 💢 F	AGE (In yrs. lest birth	RS. MONTHS	DAYS HOURS MI	IN.	DATE OF BIRTH (Month, Day, Year) 4-30-191	9	Ala	bama		
CTOR	96. FACILITY NAME (II not Institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDENT											
L DIRECTOR	Maryland 100. STREET AND NUMBER	y Baltimo		CITY, TOWH OR	Edg	emer	ie .			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	7120 River Drive				10f. ZIP CODE		219	Uni		States		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 X NO	lf y	AS DECENDENT OF HIS yes, specify Cuben, Ma YES 2 1 NO S	SPANIC O exican, Pu pecify:	RIGIN? (Specify Yea lerto Rican, etc.)	or No 1	I4. RACE Black, Specify	- American Indian, White, etc.		
COMPLETED	15. DECEOENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	(Give kindlife. Do Ni	d of work done du IOT use retired.)	Tayern Owner Solk=Fmploud								
	17. FATHER'S NAME (First, Middle, Last) Stephen Franck	iowios		lavern	18. MOTHER'S		First, Middle, Maiden	-Empl Sumame)	loye	<u>d</u>		
BE O	19a. INFORMANT'S NAME (Type/Print)	Lewicz	19b. MAI	ILING ADDRESS (Pearl Street and Number or Ri			n State Zip C	'aris)			
٩	Mrs. Marie Hall			Street B					19933			
	20e. METHOD OF DISPOSITION 1/C Buriet 2 Cremation 3 Remote 4 Donation 5 Other (Specify)		20h PLACE AND D	ATEOFDISPOSITI y or other place) n Cemet	ON (Name of 4/	20/1	oate 20c. LOCATION — City or Town, State 1/1993 Baltimore, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LIC	Courd	her	Du	da-Ruck F	e Funeral Home of Dundalk, Inc. Avenue Dundalk, Maryland 2122						
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hyperkurul Afternalessa. Collo Vogcula fisher Onset and Daeth DVF-TO (OR AS A CONSEQUENCE OF) Sequentially list conditions,											
CERTIFICATION	If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	AS A CONSEQUENC									
DICAL	PART II. Other significent condition	s contributing to deet	th but not resulti	ing in the unde	orlying ceuse given	In Part	I. 24e. WAS AN PERFORI	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
N.										- Calles - An		
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 W NO	HOSPITAL:	Cutnetlant 3 00	OTHER:	26. PLACE OF OEATH							
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Militural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Yes	JRY 26b.	TIME OF 21	g Home 5 The Resident Bc. INJURY AT WORK? 1 YES 2 NO	28d.	Other (Specify)	JURY OCCU	REO			
	3 Suicide 6 Could not be detarmined	26e. PLACE OF INJ building, atc. (JURY — At home, fa (Specify)	rm, street, factory	i, office	261.	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCRETE SAMINES	R: On the basis of examin								and manner ee stated.		
TO BE	296. SIGNATURE AND TIBLE OF CERTIFIER	Ker	mi	,	29c LICENSE	NUMBER 253	55	29d. OATE 5	SIGNED/	(Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO Have No Dev	114	1/20 /		Point 2	2	BaH	o su	8	21219		
	"APR"2"1 1993 g	find Day design	Tande 82									

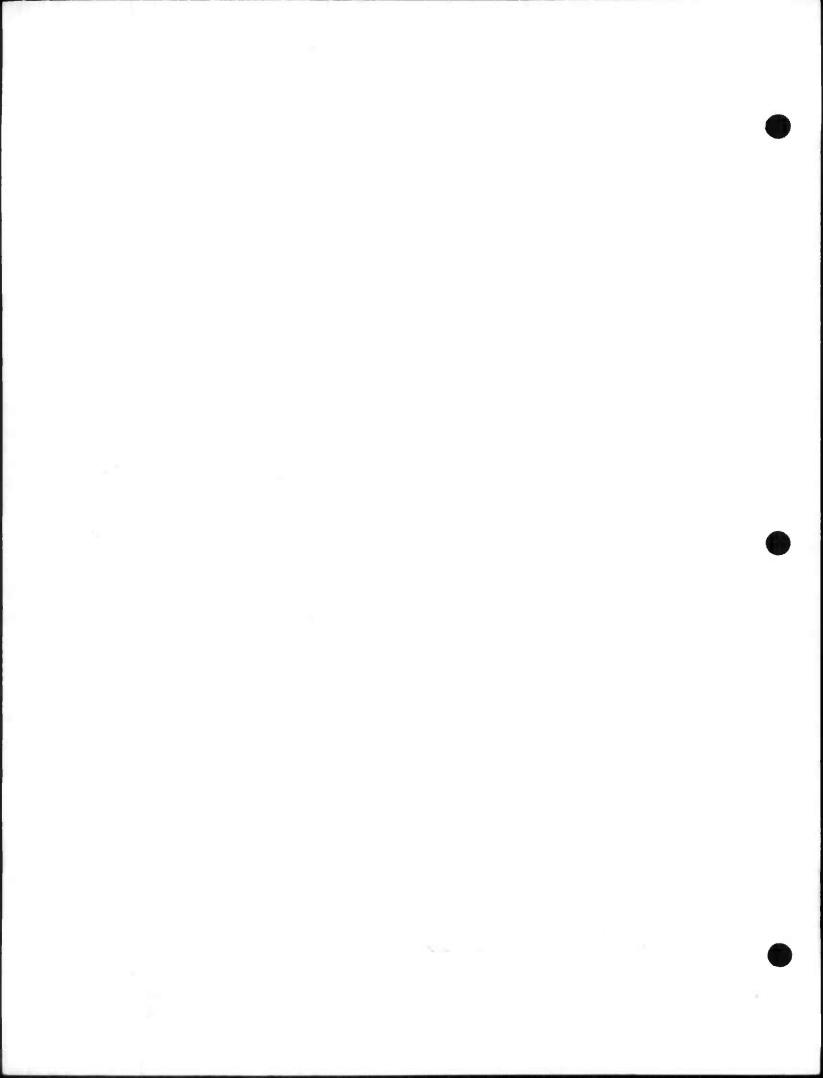
BALTIMORE, MARYLANI	irs after death. Page 6 may be retained by the hos	in by the funeral director, page 5 should be detache removal.	edical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSP TOLE BUT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAX MARKENTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI	MENT OF H	EALTH AND I		YGIENE IEG. NO.) ()		
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE OF	DEATH		3. TIME OF OEATH		
		Louise	Allen			0 4	2.1	1993	12:00 P.M		
		VV		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	SIRTH v. Wheel	8. BIRT			
		1 🗆 M 2 🛣 🗡 5 9	YRS.			4-16			INPLACE (Stete or Foreign MD)		
Œ	Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN										
15	Johns Hopkins Hospital Baltimore City RESIDENCE OF DECEMBENT										
DIRECTOR	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY LIMITS?		
	10a. STREET AND NUMBER		Do		ZIP CODE		1 40-	OTTITEL OF	1 YES 2 NO		
FUNERAL	502 E. North Ave. 101. ZIP CODE 109. CITIZEN OF WHA										
N	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED	13. WAS DECE	ENDENT OF HISPAN	NIC ORIGIN? (S	pecify Yee or N	o— 14. RA	CE — American Indian,		
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S (NO	If yes, spe	cify Cuben, Mexica 2 NO Specify		i, etc.)		ck, White, etc.		
ED E	15. DECEDENT'S EDUCAT	FION 14	Se. DECEDENT'S US	HAL OCCUPATIO	<u> </u>	T 405 MIN	D OF BUILDING	0/11/07/07	Black		
1 11	(Specify only highest grade cor	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mos	t of working	100, KIN	D OF BUSINES	S/INDUSTRY			
MPL	8th		Disabl	e d							
COMPLET	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA			ime)			
BE	Frank Johnson				Grace						
2	190. INFORMANT'S NAME (Type/Print) Michael Allen		196. MAILING AD	Fernle	ey Rd./	Ralti	move	te, Zip Code)	21210		
	20a. METHOD OF DISPOSITION	20h PL	ACE AND OATE OF			OATE		ON — City or 1			
	1 A Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	il from State cemeter	Y. N. gator Metho	ซr ia1	Park	4			own, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICEN			_	ADDRESS OF FA	CILITY			,		
	Marth	80 K-S	Asis	WM C.	MARCH	F.H.	/1101	E. N	NORTH AVE.		
z	23. PART I. Enter the diseases, or conshock or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	DUE TO (OR AS A CO	Gural		punel			y arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Emar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO									
MEDICAL	PART II. Other significant conditions of	ontributing to death but	not resulting in t	ha underlying	Cause given in		WAS AN AUTO PERFORMED? YES 2 N		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLA	ICE OF OEATH (Chi	ack only one)					
SIC		OSPITAL: ☑ Inpatient 2 ☐ ER/Outpatie		THER:	5 - Residence		nothy)				
PHYSICIAN:	27. MANNER OF DEATN	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c, INJU	RY AT	28d. DESCRIE	E NOW INJUR				
BY	1 Natural 5 Pending 2 Accident Investigation	04/20/1993	3 10:1	54A 1 □ Y	S 2 🔀 NO	Self	-Infl	icted	Gunshot		
ED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)		et, factory, office		City or To	N (Street and No vn, State)	imber or Rural	Route Number,		
			House					th St	reet		
COMPLET	(Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledg	e, death occurred a	f the time, date of	and place, and due	to the cause(e)	end menner e	e stated.			
	THE SIGHARUSE AND TITLE OF CERTIFIER	A CONTRACTOR OF STATEMENT OF ST	d/or investigation, i								
H	AND TITLE OF CERTIFIER	whe Mr			29c. LICENSE NUN		29d		D (Month, Day, Year)		
3	30. Hather AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	nt)	0.C.	M.E.		04/	22/1993		
	TIARON LOCKE, 1	1:	11 Penn	Stree	et, Bal	timor	e, Ma	rvlar	nd 21201		
	APR 29 1003	132 REGISTRATIS SIGNATU	RE								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPA	RTMENT	OF H	EALTH AND DEATH	MENTA	L HYGIENE REG. NO.		0	1100	
	1. DECEDENT'S NAME (First, Middle, Last)	/ James	L.	Aug	_			OF DEATH			TIME OF DEAT	н
	James L.	AUGINS	ъ.	Aug.	IIIS		MONT 04		0 9	EAR 3	400	PM
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yr	s. last birthday)			IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPL	ACE (State or For	wign
	214-12-11982	M 2 F 69	YRS.	MONTHS	DAYS	HOURS MIN.	1 2	h, Day, Year)		Country)	and	
-	9a. FACILITY NAME (If not institution, give street	and number)				R LOCATION OF D	EATH		9c. COUNTY			
DIRECTOR	University of Maryland Baltimore											
EC	104 STATE 104 COUNTY									d. INSIDE CITY		
DIR	Mary1and		1			ore	e				LIMITS?	
	10e. STREET AND NUMBER			Da.	-	ZIP CODE			10g. CITIZEN		AT COUNTRY?	-
ER.	824 Whitmore A	venue				21216		_ 1	USA			
FUNERAL		. WAS DECEDENT EVER IN U.S	S. ARMED	13.	WAS DECE	NDENT OF HISPA	NIC ORIGI	17 (Specify Year	or No- 14.	RACE -	American India	n,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	□ NO		1 yes, spe 1 YES	cify Cuban, Mexico 2- NO Speci		Rican, etc.)			vhite, atc. Black	
		WW2									Black	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	(Give kind of life. Do NOT a	work done o	during mos	N t of working	166	. KIND OF BUSI	NESS/INDUS	TRY		
PLE	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)										
OM	17. FATHER'S NAME (First, Middle, Last)		Truck	CDE	iver	16. MOTHER'S NA	ME /First	Middle Maiden S	Curro mal			
	Frank Augins							Gardr	,			
BE (19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G AOORESS	(Street an	d Number or Rural	Deside Marie			de)	01016	
2	Dorothy Reed					Avenu	ie :	Baltin	nore,	Ma	21216 ryland	3
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Removal		ACE AND DATE	OF DISPOS			OAT		ATION — City			
	4 Donation 5 Other (Specify)	Gar	risor		rost	Vet	4/2	6/193.	ngs M	111	e Ma	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE .				D ADDRESS OF FA		1	701	McC	ulloh	St
	Derry H	nuis		CI	h a't-m	an-Har	ric					
	23. PART I. Enter the diseases, or com	plications that caused the	e deeth. Do	not enter	the mod	le of dying, suc	th as care	diac or respire	atory arrest		Approxima	
	ehock, or heert feliure. Liet only one cause on each line. interval Between immediate CAUSE (Final											
	disease or condition resulting in death)											Dogum
	resulting in death)	DUE TO (OR AS A CO	NSEQUENCE (OF):	JI-						 	
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	if any, leading to immediate											
2	cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A CO	Hac	11	1fe	Ction					ļ	
Ē	that initiated events resulting in death) LAST	OUE TO OH AS A COI	NSECUENCE C	PF):								
빙	d											
AL	PART ii. Other algnificent conditions co	ontributing to death but n	ot resulting	in the un	derlying	ceuse given in	Part i.	24s. WAS AN A	UTOPSY		RE AUTOPSY FIN	
MEDIC	Parkinson's	Disease					_	1 TYES 2	A NO	CC	MPLETION DF C DEATH?	
W	dementia										YES 2 W	.
	seizure disc	older					_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:				CE OF OEATH (Ch	eck only or	ne)				
YSI	1 YES 2 NO 1	Inpetient 2 - ER/Outpetier	M 3 DOA	4 Nun		5 🗆 Rasidence	8 🗆 Othe	r (Specify)				
표	27. MANNER OF OEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b, TII	JURY	28c. INJU WOR	IK?	28d. OES	CRIBE HOW IN.	JURY OCCUR	EO		
B	2 Accident Investigation			M		ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — A building, atc. (Specify)	it home, farm,	streel, facto	ory, offica			ATION (Street an or Town, State)	d Number or F	Rural Flout	e Number,	
Fi								2.2				
MPL		: To the best of my knowledge										
COMPLETED	2 MEDICAL EXAMINER: O	n the beats of examination and	S/or investigati	on, in my o	pinion, de	ath occured at the	time, data	and place, and	due to the ce	use(s) ar	nd manner as sta	ted.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	1,	,	,	0	29c. LICENSE NUI	MBER	House	29d. DATE S	GNED (M	onth, Day, Year)	
TO	M'apaces (UI)	- medical	hous	25ta	4	#54	02-1	-	P 4/	20/	93	
	30. NAME AND ADDRESS OF PERSON WHO CO	PMPLETEO CAUSE OF OEATH	(ITEM 27) (Type	s, Print)	ı	,22, 5	6	reene	- 54	, /	Baltin	gron
	31. DATE FILED (Month, Day, Year)	32 DEGISTRAR'S SIGNATUR	ty of	Mar	ylan	d Med	ical	Syst	ems	,	2120	1
	APR 22 1993	. Noundan-fands	处									
- 1		*										



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item 23

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or removal.

Hyglene prior to burial,

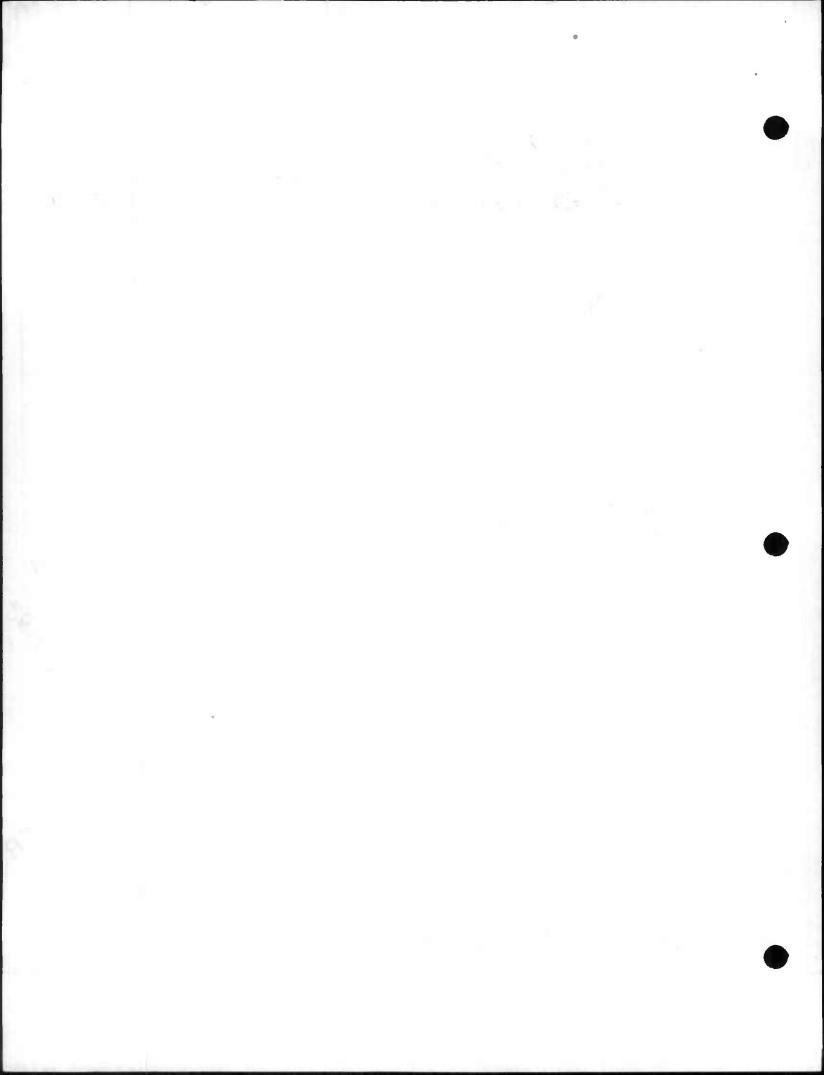
use as the burlal-transit permit. Pages 1, 2, 3 should

10a. STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 04-20 7. DATE OF BIRTH (Month, Day, Year) AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 1 M 2 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR TOWSON 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD BALTIMORE 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3711 OVERLEA AVENUE 21206 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: WHITE ВҰ COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) 12 YEARS College (1-4 or 5+) HOUSEWIFE HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT SADLER MARGARET ANNEN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JOSEPH GREGOR BOEGNER 3711 OVERLEA AVENUE BALTIMORE MD 21206 20a. METHOD OF DISPOSITION
1 Burlal 2 A Cremation 3 Ra
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE GREENMOUNT CREMATORY 04/21/93 BALTIMORE MD 21. SIGNATIFIE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITYDIPPEL FUNERAL HOME 7110 BELAIR ROAD BALTIMORE MD 21206 Enter the diseases, or complication shock, or heart father. List only of with. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition conshins resulting in death) (OR AS A CONSEQUENCE OF): Lynato - rena DUETO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially tist conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not requiting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA e 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

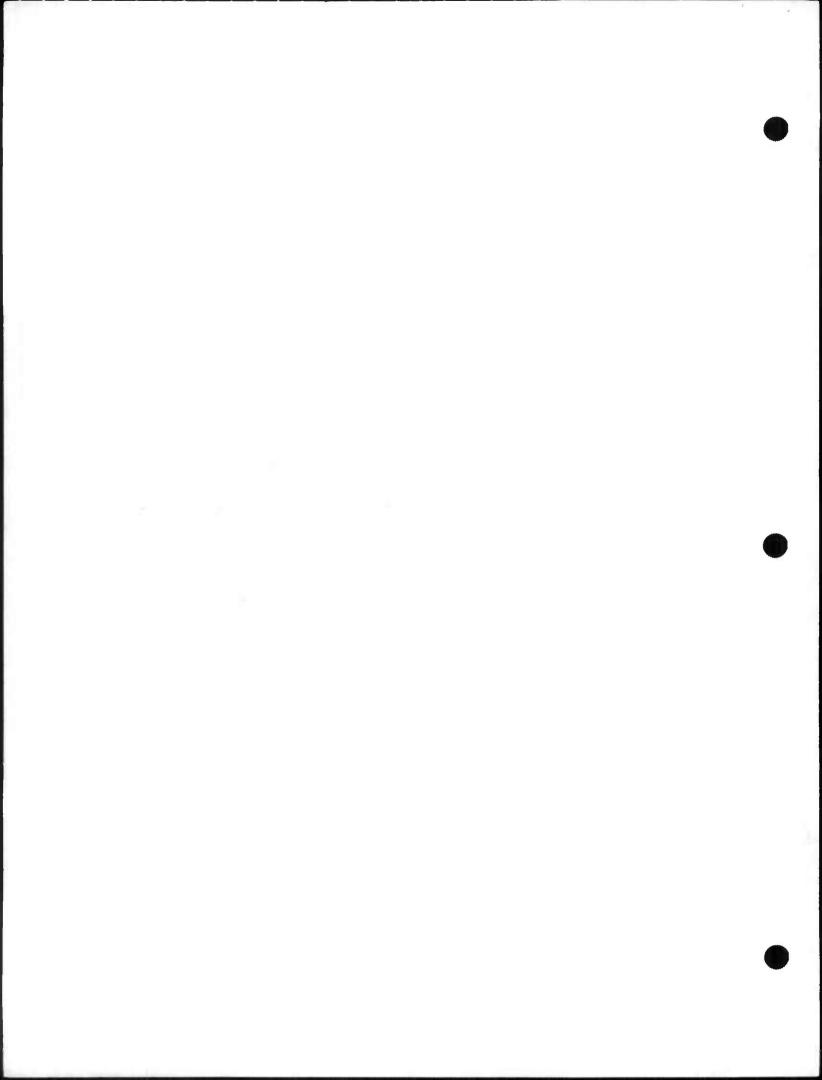
(Chack note)

CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE J 19508 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ST-20 9 JUSEPH HOSPITAL TOWSON, MD LEON, MD 2-1204 STATE DAVIDOR



ir death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detacheral.	examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE (OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND MI	ENTAL HYGIENE SEG. NO.	13 11612				
	1. DECEDENT'S NAME (First, Middle, Last) Margaret Bo	resett	1	DATE OF DEATH DAY	YEAR 7.50 / M				
	4. SOCIAL SECURITY NUMBER 5. SEX 213-12-678 1 1 M 2 [1	6. AGE (In yrs. last birthday) F YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	a suffill Charle of Foreign					
OR	9a. FACILITY NAME (If not Institution, give street end numbe	or)	9b. CITY, TOWN OR LOCATION OF DEAT Rengally or	1011 0	ITY OF PEATH				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION		10d. INSIDE CITY				
	100. STREET AND NUMBER 617 Radnor Ave.		101. ZIP CODE 2 2 2 2 2 2	10g. CITIZ	1 Mes 2 No				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried FORCES?	EDENT EVER IN U.S. ARMED 1 YES 2 NO IVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, 1 YES 2 NO Specify:	ORIGIN? (Specify Yee or No— Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4) 1 2 t h	(Give kind of w	USUAL OCCUPATION ork done during most of working e retired.)	16b. KIND OF BUSINESS/INDI					
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles Johnson		16. MOTHER'S NAME Mary Jo	(First, Middle, Maiden Surneme)					
5	19a. INFORMANT'S NAME (Type/Print) Morris Barnett 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 617 Radnor Ave./Baltimore, MD 21212								
	20s, METHOD OF DISPOSITION 1	FDISPOSITION (Name of	OATE 20c. LOCATION — City or Town State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	+0	22. NAME AND ADDRESS OF FACIL	ITY					
	23. PART I. Enter the diseases, or complications	s that caused the death. Do n	of enter the mode of dving, such a	e cardiac or menirations are	NORTH ANL.				
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	elic respirate	ry failur		Approximate Interval Between Onset and Desth				
ERTIFICATION	shock or hear failure. List only one iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	elic respirate	jangren ht		Interval Between				
N: MEDICAL CERTIFICATION	shock or hear failure. List only one immediate cause condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	E TO (OR AS A CONSEQUENCE OF	ry failure scangren Lt	foot	Interval Between				
T. I	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contribution 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CONSEQUENCE OF	the underlying cause given in Pa 26. PLACE OF DEATH (Check	rt i. 24a, WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	Interval Between Onset and Desth 4 4 4 4 4 4 4 4 4 4 4 4 4				
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contribution 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Tripetient 27. MANNER OF DEATH 1 28. DAT 28. DAT 1 Appetient 28. DAT 29. DAT 20.	E TO (OR AS A CONSEQUENCE OF	26. PLACE OF DEATH (Check OTHER: 4 Nursing Home 5 Residence 6 [OF 28c. INJURY AT 20	rt i. 24a, WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing the conditions contributing in death of the conditions conditions contributing in death of the conditions conditions co	E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CONSEQUENCE OF	28. PLACE OF DEATH (Check OTHER: 1	rt i. 24a, WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contribution 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CENTIFIER (Check only)	E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CO	26. PLACE OF DEATH (Check OTHER: 4 Nursing Home 5 Residence 6 OF 28c. INJURY AT WORK? M 1 YES 2 NO reet, factory, office 24	only one) Other (Specify) Bit. LOCATION (Street and Number of City or Town, Stete)	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contribution 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Netural 5 Pending Investigation 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CENTIFIER (Check only)	E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CO	26. PLACE OF DEATH (Check OTHER: 4 Nursing Home 5 Residence 6 OF 28c. INJURY AT WORK? M 1 YES 2 NO reet, factory, office 21 d at the time, date end place, end due to	Pt i. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO only one) Other (Specify) Bd. DESCRIBE HOW INJURY OCC City or Town, Stete) the cause(e) end menner se atate se, date end place, end due to the	Interval Between Onset and Desth 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Plasaes or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEGICAL EXAMINER: On the basis	E TO (OR AS A CONSEQUENCE OF E TO (OR AS A CO	28. PLACE OF DEATH (Check OTHER: 1 28. PLACE OF DEATH (Check OTHER: 1 28c. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 1 In my opinion, death occurred at the time. 29c. LICENSE NUMBE 1 Y S 2	Pt i. 24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO only one) Other (Specify) Bd. DESCRIBE HOW INJURY OCC City or Town, Stete) the cause(e) end menner se atate se, date end place, end due to the	Interval Between Onset and Desth 4 4 4 4 4 4 4 4 4 4 4 4 4				



REG. NO.

2. DATE OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1993

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DIVISION OF VITAL	IN DO ATTENDING DUVELPIANI: The law caquine that the death cartif
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3. TIME OF DEATH WILMER BLANKENS 7. DATE OF BIRTH (Month, Day, You IF UNDER 1 YEAR IF UNDER 24 HRS HZ M 2 D F DAYS HOURS 60 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR White Marsh Harford RESIDENCE DECEDENT 10a. STATE 10b. COUNTY 10d. INSIDE CITY 1 TES 2 NO detached for use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 0 A nours after death. Page 6 may be retained by the hospital or attending physician. of in by the funeral director, page 5 should be detached for use as the buriat-trar 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If was specify Cuban, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 12. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X XYES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, P

1 YES 2 NO Specify: 1 Never Married 8 Marri IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION sectly only highest grade complete 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (St during most of working Florida Polymers entary/Secondary (0-12) College (1-4 or 5+) N/A N/ Quality Control Person 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, To BE Theodore E Blankenship Thelma Peterson notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Nancy L. Blankenship Dolfield Mills, Md, 21117 -Owings pe 20a. METHOD OF DISPOSITION
1 🔯 Burial 2 🗆 Cremetion 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION — City or Town, State DATE Md. must 4 Donation 5 Other (Specify) arrison Forest Vets Cem-3-93-0wings examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 5151 Baltimore National filled in by the foot, or removal. Truman Schwab Baltimore. Md event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between **IMMEDIATE CAUSE (Fine)** Onset and Death cremation, disease or condition resulting in death) completely to burial, 23 shows any injury, or other traumatic CERTIFICATION and Sequentially ilst conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) physician phior cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) Mental Hygiene that initiated events attending resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS and and AMAILABLE PRIOR TO Health a COMPLETION OF CAUSE 1 TES 2 NO been . has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem State certificate EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA se 5 🗆 Residence 8 🗆 Other (Specify) 0 the 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED this c is marked, Natural 1 YES 2 NO BY After 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined DIRECTOR: hours after of COMPLETED 28 4 Homicide Se fied within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowless death occurred at the time, data and place, and due to the cause(a) and manner as atated. FLINERAL WITHIN 72 h 2 MEDICAL EXAMINER: On occured at the time, date and place, and due BE DATE GNED (Month, Day, Year) D 9 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print), 101 118 31. DATE FILED (Month, Day, APR 22

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pernouns after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
P.O. BOX 68760,	th certificate be executed within 24 ho	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	N: The law requires that the deal	icate has been signed by the att State Dept. of Health and Menta
DIVISION OF V	OR ATTENDING PHYSICIAL	OIRECTOR: After this certif hours after death with the

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certificate has been signed by the the State Cept. of Health and id, or item 23 shows any in

Wher this ce eath with the marked,

OIRECTOR: A hours after citem 28 is

TO THE HOSPITAL OF THE FUNERAL OF BELFIED WITHIN 72 HORIZONT; If IN

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31. DATE FILEO (Month, Day, Year)

APR 22 1993

HOSPITAL OR ATTENDING PHYSICIAN:

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH WALTER 0 4 William BROWN 6:33 AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 F 85 MONTHS DAYS HOURS 07/03/07 S.C 705-10-9454 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1223 E.NORTH AVE BALTIMORE CITY RESIDENCE OF DECEDENT 10b, COUNTY 19c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1223 E. North Ave. 21202 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Laborer (Retired) Bethlehem Steel RR 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Η. John Brown Hattie May Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) Pearl Brown 1223 E. North Ave. BAlto., MD.21202 20e. METNOD OF DISPOSITION

1 Surfel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Arbutus Memorial Park4/23 Arbutus, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ▶ Betts Funeral Home 1129 N. CAroline St. BAlto., MD.21213 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cardisc or respiratory arrest, Approximete shock, or heart feilure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition Arteriosclerotic Cardiovascular Disease reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 X XO INOUIRY 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 □ Nursing Nome XXResidence 8 □ Other (Specify) XXYES 2 | NO 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 X Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, 1erm, street, 1ectory, office building, etc. (Specify) 3 Suicide 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) B 4 Nomicide COMPLET

29a. CERTIFIER
(Chack only)
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 X BEHCAL EXAMINER: On the bests of exert 256 SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIO F.GOLLE JR.MD 111 Penn Street, Baltimore, Maryland

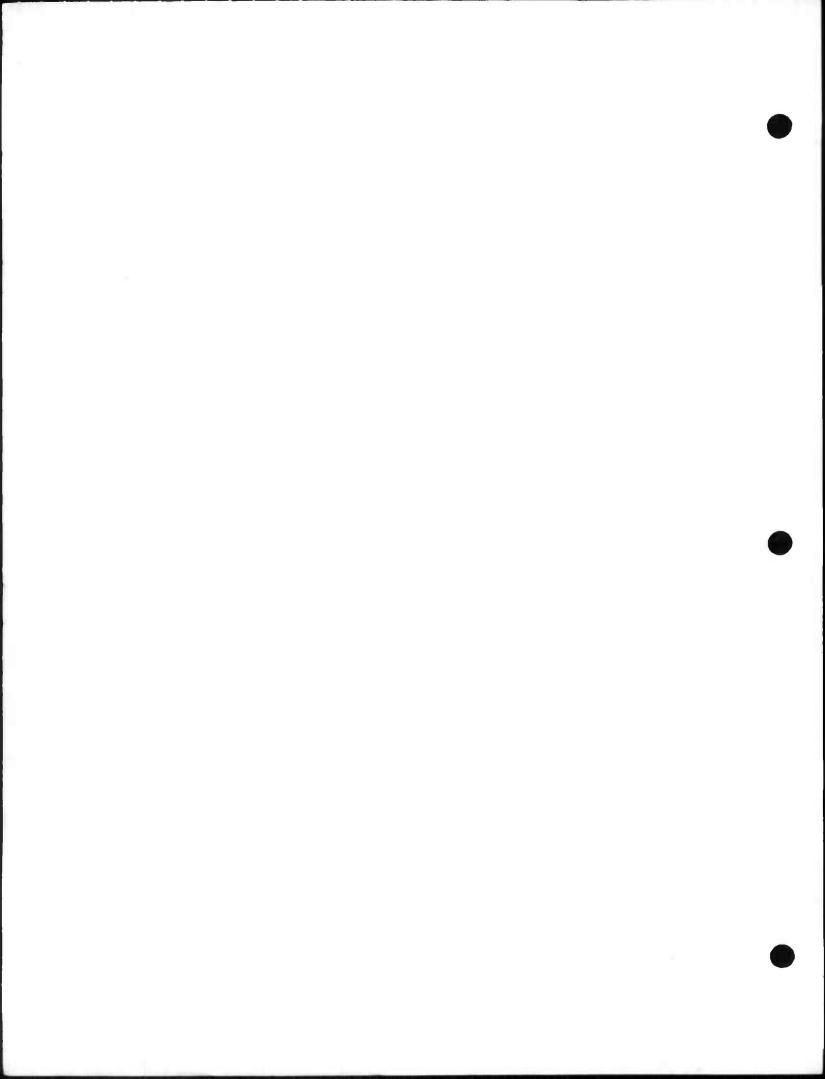
on and/or investigation, in my opinion, death occured at the time, data end place, end due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d, DATE SIONED (Month, Day, Year)

O.C.M.E.

32 REGISTRAR'S SIGNATURE & Davidson-Randese

21201

▶ 4-21-1993



ITEMS: 23 PART I, 27, 28a-f, PER MEO G-699 5/5/93

93 11615

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEAL	JH AND M	ENTAL HYGIEN		. 1010		
	1. DECEDENT'S NAME (First, Middle, Last) JANET			CUSTI		2. DATE OF DEATH	9 9E3	3. TIME OF DEATH 9:58 P.		
	218-560-040	-560-040 1 M 2 F 41 YRS. MONTHS DAYS HOURS MIN. 9-21-19						RTHPLACE (State or Foreign unity) Tyland		
TOR B	1420 PRESSTMAN		9	BALTIMO			9c. COUNTY C	F DEATH		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATION	N OR LOCATION 10d. INSIDE CITY LIMITS?					
3AL	Md.		Ba	ltimore 101, ZIP	CODE		10g. CITIZEN C	1 YES 2 □ NO PF WHAT COUNTRY?		
FUNERAL		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDE	1215 NT OF HISPANIC	USA or No-	ACE — American Indian,			
В	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 MNO TES	It yes, specify (Cuben, Mexican,	Puerto Rican, etc.)		Black		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co Elementery/Secondary (0-12)	TION mpleted) Coffege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most of w	vorlding	16b. KIND OF BUS	INESS/INDUSTR			
MPL	12 th 17. FATHER'S NAME (First, Middle, Last)		Waitres			Food S		9		
	Norvin Jo	nes		18. (Doris Doris	(First, Middle, Maiden	Sumeme)			
TO BE	194. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Nu		nall	n, State, Zip Code,			
ř	Doris Hall Day							Md.21215		
	20s. METHOD OF DISPOSITION 2 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State 20b.	PLACE AND DATE OF C etery, cremetory or other ING MEMO	SPOSITION (Mama of	-	DA/TE 20c, LO	CATION — City o			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND AD		DV		Jones F.H.		
	Kome	CH		4611 Pa	rk He	ights Av	e. Ba]	to., Md.15		
CERTIFICATION	23. PART I. Enter the diseases, or complications that deused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PERFORMED? 1 YES 2 NO OF DEA							AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	10		F DEATH (Check	only one)				
ı≺Sı		☐ Inpatient 2 ☐ ER/Outpa		THER: Nursing Home K		Other (Specify)				
	1 Natural Standing	28a. DATE OF INJURY (Month Day, Year) 4 - 1 9 - 9 3	28b. TIME O	28c. INJURY A WORK? M 1 YES		8d. DESCRIBE HOW IN	JURY OCCURED			
D BY	2 Accident Investigation 3 Suicide 6)(Could not be	28e. PLACE OF INJURY - building, etc. (Specif	9:45P At home, ferm, stree			el LOCATION (Owner or	nd Number or Rur			
ETE	4 Homicide determined FOUND: RESIDENCE Baltimore, Maryland									
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER: (N: To the best of my knowle On the basis of examination	edge, death occurred at and/or investigation, in	t the time, date end pin my opinion, death o	lece, end due to coured at the tim	the cause(e) end mani ne, date end place, end	ner se stated. I due to the ceus	e(e) end manner se stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	A Cheste	MO		C.M.		29d. DATE S/GN ▶ 4 - 20	ED (Month, Day, Year) -1993		
5	38. NAME AND ADDRESS OF PERSON WHO O	OMPLETED CAUSE OF DEAT			t, Bal	timore,				
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S SIGNAL								
	APR 22 1993 94	momming	Name of the Party							

. .

TO THE HOSPITH OF A ENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician.

TO THE FUNE A COUNTY After this certificate has been signed by the attending physician and computery filled in by the function, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within a supergrade death with the State Dept, of Health and Merial Hypere prior to burial companion, or remove BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: 14 Items 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MAKIO

31. DATE FILED (Month, Day, Year)
APR 22 1993

GOLLE

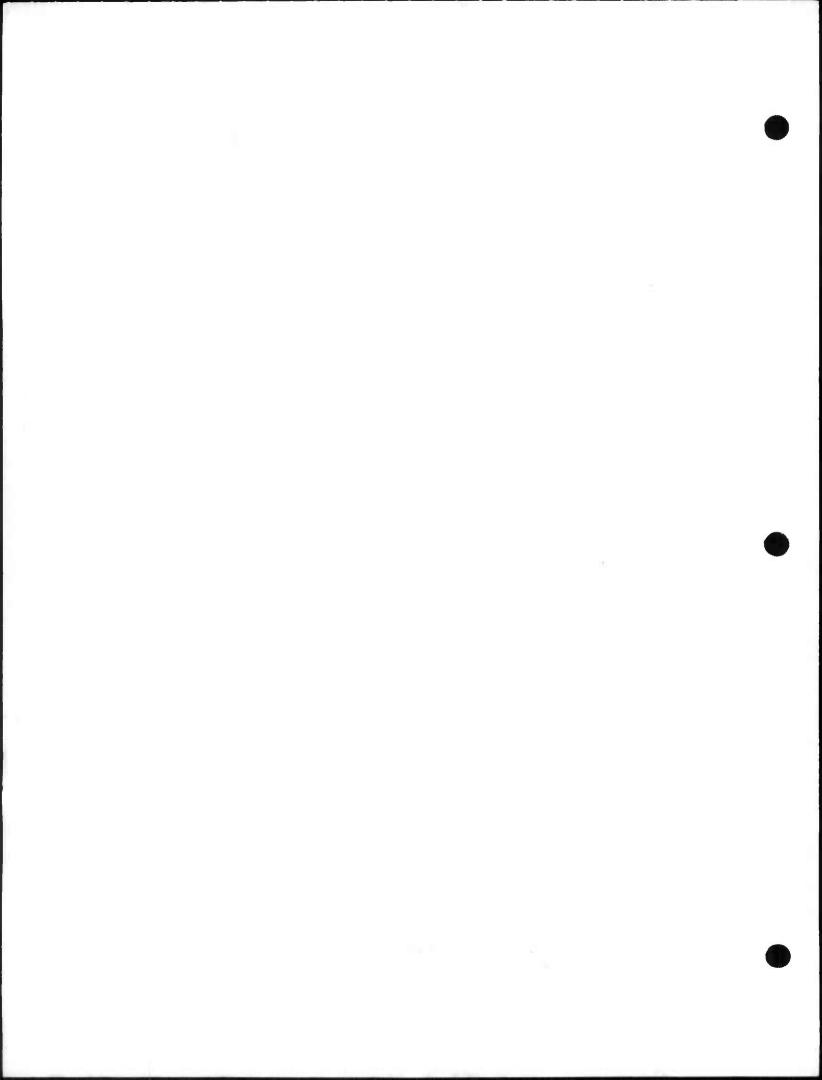
	500								9	13	116	16
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	ICATE	OF DE	H AND	MENTA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)				<u> </u>			E OF OEATH			3. TIME OF OR	ATH
	Howard	Be	elmont	С	arter	. Jr	04		19	93	8:50	Р. м
			yrs. last birthday)	IF UNDER 1	YEAR IF UN	DER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or	
			43 YRS.	MONTHS	DAYS	S MIN.	12	th, Day, Year) 2-3-194	.9	COGINI	" Md	
œ	9e. FACILITY NAME (If not institution, give stree			9b. CITY, T	OWN OR LOC	ATION OF D	EATH		9c. COU	NTY OF D	EATH	
5	725 George Str	Baltimore City										
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION									10d. INSIDE CI	TY
	Md		Balt	timore	j						LIMITS?] NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP C	OOE			10g. CITI	ZEN OF W	THAT COUNTRY	?
NE	5912 Highgate Dr					1215				US	i A	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN 1 FORCES? 1 YES	2 NO	lf y	ee, specify Cu	iben, Mexica	an, Puerto	N? (Specify Yer Rican, etc.)	s or No—	14. RACE Black	- American In White, etc.	dian,
B≺	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES ^	1 [YES 2	IO Specif	ly:			Specif	Blac	k
ED	15. OECEDENT'S EDUCAT (Specify only highest grade cor	FION	16. DECEOENT'S	USUAL OCC	UPATION		16	b. KINO OF BU	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done dur se retired.)	ing most of wo	rking						
COMPLETED	12th											
	17. FATHER'S NAME (First, Middle, Last) Howard B. Carter	Sr						Middle, Malden		1		
H	19a. INFORMANT'S NAME (Type/Print)	, 51	Tab. Mail mio	ADDRESS (S				Kathe			DS	
2	Betty Carter		5912	Higha	ate Dr	V P	noute Nun Balt:	imore,	n, State, Zip Md 2	1215		
	20s, METHOD OF DISPOSITION 1) X Burlet 2 Cremetion 3 Remova	20b.F	LACEANDDATE	OF DISPOSITI	ON (Name of				CATION —	_		
11 12	4 Donation 5 Other (Specify)	- WE	esternos	tare C	emeter	`у					le, Md	
	21. BIGNATURE OF FUNERAL SERVICE LICEN	4 1			ME AND ADD							
	* terme H	- Amx	SM JE	> 1	rch F/ 300 Wa		_					
П	23. PART Enter the diseases, or con	nplicetions thet ceused i	the death. Do n	ot enter th	e mode of	dying, auc	h sa car	diec or reap	ratory em	est,	Approxi	
	shock, or heert feliure. List pnly one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)											
	disease or condition resulting in death)	MULTIPLE	GUN	CHOT	WO	mp	Z					
	0000	DUE TO (OR AS A C	CONSEQUENCE OF	7):								
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A C	ONSFOLIENCE OF	٦.							-	
¥	if any, leading to immediate cause. Enter UNDERLYING			,.								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF	7:							-	
ER	resulting in death) LAST											
	PART II. Other algnificent conditions of	contributing to death but	not resulting i	n the unde	rlying ceus	given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS
2						201.00		PERFOR	MED?		AWAILABLE PRIO	R TO
Ä								X 123 2	Пио		OF DEATH?	NO.
ż							_					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			26. PLACE OF	DEATH (Ch	eck only o	ne)				
PHYSICIAN: MEDICAL	1 YES 2 NO	☐ Inpatient 2 ☐ ER/Outpat			Home 5 🗆	Residence	6 CXOthe	r (Specify)		Side	ewalk	
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJI		c. INJURY AT WORK?		26d. DE	SCRIBE HOW I	NJURY OCC	URED		
a 2 Accident Investigation 04/20/1993 8:39 P 1 YES 24 NO Subject Sho												
	Homicide 6 Could not be determined	building, etc. (Specify	Side		, ornee		City	or Town, Stete)				
E.	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of my knowled			determined in						reer	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled On the beste of examplication of									end menner se	stated
- 11	296. SIGNATURE AND TITLE OF CERTIFIER	00 (1			CENSE NUI					(Month, Day, Year	
	Mun A U	elle AL	41		250. 0			F.			47.4	
O.C.M.E. 04/21/199)			

Penn Street, Baltimore,

DHMH-16 Rev 1/89

21201

Maryland



policy (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	
BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending provided the funeral director, page 5 should be detached for use as the burtal trained.	
AND 21 the hospital or detached for	once.
MARYL e retained by	notified at
IMORE, Page 6 may bi	er must be
BALT safter death. By the funeral	lical examin
O, within 24 hours	ant, the med
X 6876 Dx 6876 De executed v Alan and comp	aumatic eve
P.O. B(ath certificate ttending physical	or other to
ECORDS, P.O. BOX quires that the death certificate be n signed by the attending physician least the set of the second physician least the second physician properties.	s any injury
TAL REC	m 23 show
V OF VITA PHYSICIAN: 1 This certificat	arked, or ite
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending projects in the formal virture and the page 1 months and competent filled in by the funeral director, page 5 should be detached for use as the burnarian.	one more main. At noons and used which has been an instant and mental higher prior to build, the medical examiner must be notified at once.
HOSPITAL OF FUNERAL DISPLACEMENTS	TANT: If Its
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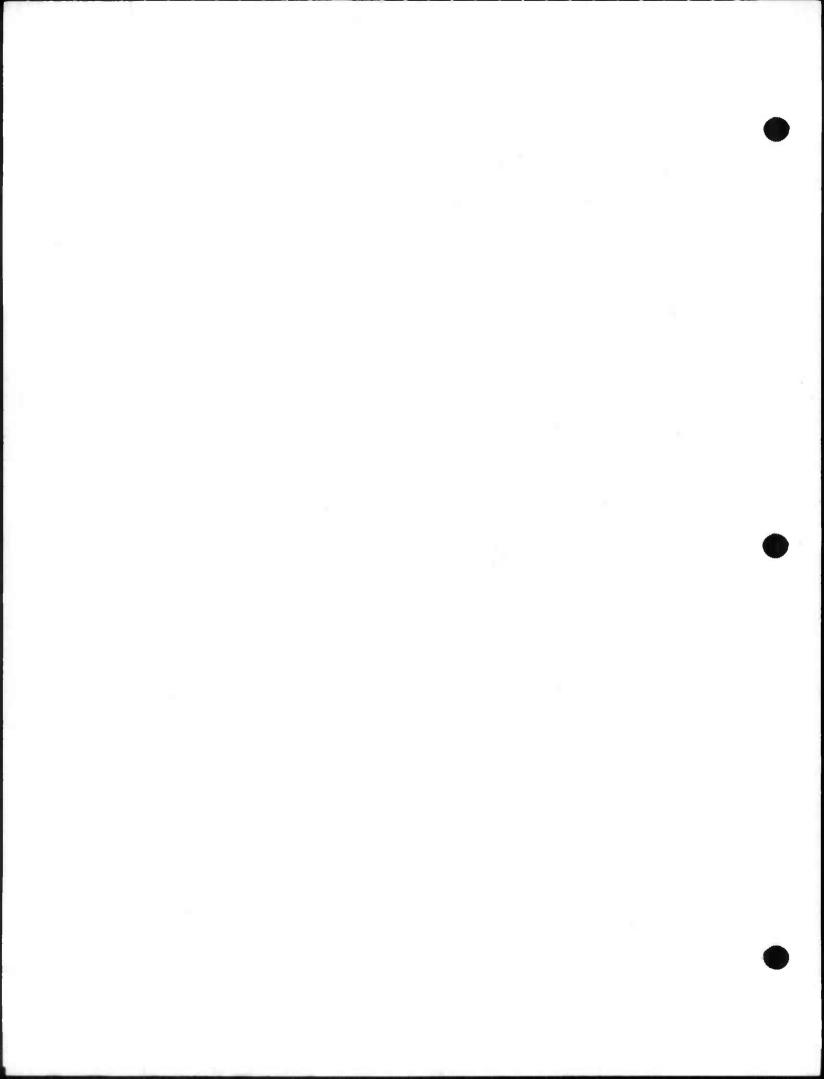
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R.P.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

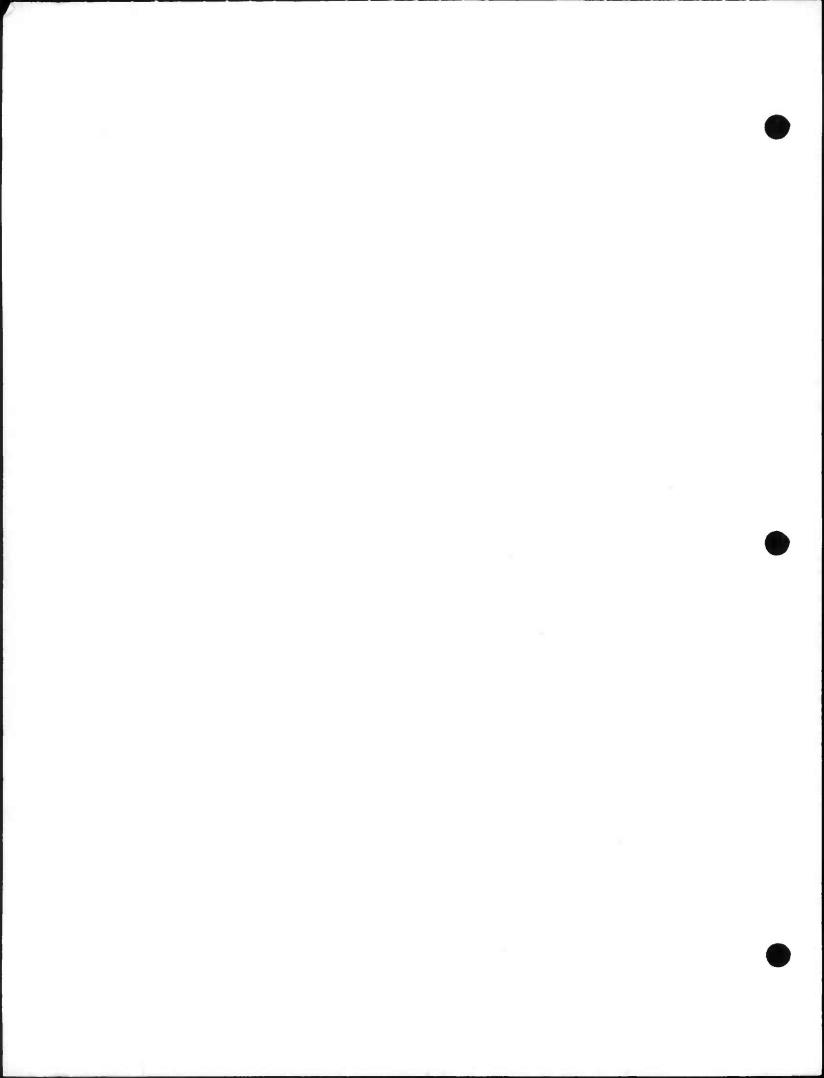
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH																							
	JUDITH		L.	DONLEY							APRIL 21, 1993			11:22A M										
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le		IF UNDER	DAYS	IF UNDER	24 HRS,	T DATE OF	MOTAL			PLACE (State or Foreign										
	180-36-62		1 M 2 1 F	46	YRS.	WONTHS	DAYS	HOURS	MM.	(Month, De	11,	1947	Pe	nnsylvania										
_	9a. FACILITY NAME (If not in					9b. CITY	9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH					EATH												
2	HE JUH		KINS HOS	PITAL		В	BALTIMORE CITY BALTIMORE C					ORE CITY												
DIRECTOR	10a. STATE	10b. COUNT	Y		10c. CIT	Y. TOWN	Y, TOWN OR LOCATION					10d. INSIDE CITY												
등	Pa. Lebanon					anon	l							LIMITS?										
A P	10e. STREET AND NUMBER					_	10	r. ZIP CODI	E			10g. CIT	IZEN OF W	HAT COUNTRY?										
FUNERAL	609 S. 3rd Street							170	42				USA											
5	11. MARITAL STATUS 1 □ Never Married 2 ☑ Married 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 □ YES 2 ☑ 1				RMED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yee	or No-	14. RACE	— American Indian, White, etc.										
ВУ	3 Widowed 4 Divo		IF YES, GIVE V	MAR OR DATES				2 NO			i, etc.)		Specif	y:										
	15. DEC	EDENT'S EDU	CATION	16a D	ECEDENT'S	I I I I I	CCUDATU	001		405 1/10				White										
	(Specify only Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	(0	Give kind of a. Do NOT u	work done	during mo	st of workin	g	160. KIN	D OF BUS	INESS/INI	DUSTRY											
립	12	, ,	conege (1-4 of 3		ental	Tec	hnic	cian																
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18. MOTE	ER'S NAM	AE (First, Middl	, Maiden S	Surname)												
BE (John Uff								Dori	s Eber	rly													
10	19a. INFORMANT'S NAME (7			19						loute Number, C														
- 1	Charles E.				609	5. 3	rd S	t.,]	Lebar	non, P	a. 1	1704	2											
	20a METHOD OF DISPOSIT	ion on 3 🗆 Rem	oval from Stata	20b. PLACE cemetery, cri	emetory or o	ther plecel				JOATE			City or Tov											
	4 Donetion 5 Other 21. SIGNATURE OF FURERA		PENSEE! /	Holy	Cros			D ADDRES		4/24	Leb	anor	, Pa											
	. //		7 /	1						an Fur	eral	Hon	ies	Ĭ										
- 2	- /~	my	9-10	mym	an	5	695	Main	St.	. Elki	ridge	. Mo	1. 2	1227										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, shock, or heart failure. List only one cause on each line. Approximate interval Between																							
i	The state of the s										Onset and Death													
	resulting in death)										Though													
_	Sequentially list conditions, Herry leading to immediate Due to (or as a consequence of): Bone Marrow Transplantation To days Due to (or as a consequence of):																							
CERTIFICATION	Sequentially list conditi		DUE TO	(OR AS A CONSE	OUENCE O	p:	,			. (100	. 0			120017										
8	cause. Enter UNDERLYI CAUSE (Disease or Inju	NG	· Mu	ultepl	1 M	lye	low	201						1400										
E	that initiated events resulting in death) LAS		OUE TO	(OR AS A CONSE	OUENCE O	F):																		
Ä	resulting in dawn) LAS		d																					
	PART II. Other significa	nt condition	s contributing to	death but not	reaulting	in the un	derlying	cause g	iven in f	Part I. 24a	WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS										
MEDICAL											PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE										
										_ ''] YES 2	PNO		OF DEATH? 1 YES 2 NO										
66.										-				1 123 2 0 110										
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	400					ACE OF DE	EATH (Che	ck only one)														
YSIC	1 YES 2 NO		HOSFITAL:	ER/Outpatient 3	□ DOA	OTHER 4 - Num		e 5 □ Re	sidence 8	Other (Sp	ecity)													
F	27. MANNER OF DEATH	arbarn.	28a. OATE OF (Month, D	INJURY lay, Year)	28b. TIM	E OF	28c, INJ WO	URY AT		28d. DESCRIE	E HOW IN	JURY OC	CURED											
B		Pending Investigation				М		rES 2	NO															
		Could not be	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, s	street, fact	ory, office			28f. LOCATION City or Tox		d Number	or Rural Ro	oute Number,										
COMPLET	an organism																							
PA I	(Check only		CIAN: To the best of																					
8				xamination and/or	investigatio	n, in my o	pinion, d	eath occur	ed at the t	ima, date and	place, and	due to th	e Cause(e)	and manner as stated.										
BE	296. SIGNATURE AND TITLE	OF CERTIFIER		Fellow	. 14	A	4	29c. LICE	NSE NUMI	BER	0	29d. DAT	E SIGNED	(Month, Day, Year)										
6	30. NAME AND AODRESS OF	PERSON WIT	W.L.				TOL	77	U.	1925	1		4/51	75										
	Kenin	D ME	Donagh	OF DEATH (ITE	_	John	20	11	1/	Our	·ala		Ca. I	0.0										
			2,32	MATURE		70 K	7	401	M M	0000	Two	57	CON											
F	APP 20 10	02 /	En Davids	on-Mandal	-							4		THE THE PARTY OF T										

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last)-2. DATE OF DEATH DAY 3. TIME OF DEATH Ella Dickens 733 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 216-10-5252 1 M 2 FF SAN. 29, 189Z Vic detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATR 0 DIRECTOR 5Altimore Balto. Count RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltinore MD 1 YES 2 ANO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE -Ambridge USA 21244 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married If yes, specify Cuban, Mexican, Puerto Rican, 1 YES 2 NO Specify: 2 Married BY IF YES, GIVE WAR OR DATES Specify: R 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Maid 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) director, page 5 should be UNKNOWN notified at UNKNOWN 19e. INFORMANT'S NAME (Type/Print) nber City or Town, State Zio Code) 2 TON Balto. Nohuest MD Arter 2/229 9 20a. METHOD OF DISPOSITION
1 DE Burlet 2 Cremetion 3 Reg PATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must other place) 4 Donation 5 Other (Specify) BAlto. mD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY North Ave the funeral M C. Brown Commenit Home event, the medical 23. PART i. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo Approximate interval Batween ehock, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Myoconcial HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or other traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST ibert-sias PART ii. Other aignificent conditions contributing to deeth but not resulting in the undariying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE U/cars Decabitus Sepsis 23 shows any Demenny 1 | YES 2 | 100 DE DEATH? 1 TYES 2 T NO has been a 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate his with the State C 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO me 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked. 1 Netural 1 YES 2 NO THE FUNERAL DIRECTOR: After tilled within 72 hours after death BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 3 Suicide 8 Could not be Item 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) DESAIM D30494 16/93 41 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltimne Ind Floor APR 22 1993



THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificiae he accounted within 2% hours after death. Book 6 may be admined by the pression of a constitution of the	THE FINETAL DIRECTOR ACTION OF THE State OF THE STATE OF	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	OB COUNTY BY BUYCOCKING MEDICAL STREET
The law requires that the death	this certificate has been signed by the atter with the State Dept. of Health and Mental	rked, or item 23 shows any injury, o	

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND	/ DEPAI	RTMENT OF H	EALTH AND	MENT	AL HYGIEN REG. NO		3	11619
- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH
	ALBERT	M	DON	ONNELLY					AY	YEAR	05 20 A
	4. SOCIAL SECURITY NUMBER	5. SEX						E OF BIRTH	1	6. BIRTH	PLACE (State or Foreign
	212-05-8288	1 🕅 M 2 🗆 F	88	YRS.	MONTHS DAYS	HOURS MIN.		nth, Day, Year)		Country	rvland
	9e. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY, TOWN	R LOCATION OF D		0.70.	9c. COU	NTY OF D	
DIRECTOR	St. Agnes Hospita	11			Baltin	nore					
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY										
	133333				Y, TOWN OR LOCAL						10d, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER			Ba.	ltimore (1 X YES 2 NO
	2050 Griffis Aven				101	. ZIP CODE			1		HAT COUNTRY?
	11. MARITAL STATUS		T FILES SI LLS			21230				USA	
	1 Never Merried 2 Merried	FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF H FORCES? 1 YES 2 NO If yes, specify Cuben, N				an, Puerte	ilN? (Specify Yee o Rican, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
	3 🔀 Widowed 4 🗌 Divorced	1920-19			1 TYES	2 X NO Speci	lfy:			Specif	white
	15. DECEDENT'S EDUC	CATION	16a. I	DECEDENT'S	USUAL OCCUPATION	ON .	10	Sb. KIND OF BUS	INESS/IND	USTRY	
1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		(Give kind of life. Do NOT u	work done during mo se retired.)	st of working					
	9th			Chauf	feur			Truck	cina		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First				
1	William Donnelly					Lena	Bern	hardt			
	19e. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Nu	mber, City or Tow	n, State, Zip	Code)	
	Albert L. Donnell	У		5731	Mineral	Avenue,	Hal	ethorpe	e, Ma	ryla	nd 21227
	20s. METHOD OF DISPOSITION 1∑ Burlel 2 ☐ Cremetion 3 ☐ Remo	wel from State	20b. PLAC		OF DISPOSITION /NE				CATION —		
I	4 Donation 5 Other (Specify)		Louc	don Pa	irk Cemet	ery 4/	24/9	3 Ba	altim	ore,	Maryland
ł	21. SIGNATURE OF FUNERAL SERVICE UC	PASEE) (D ADDRESS OF F					
1	1	7	200	15	Ambros	e Funer	al H	ome, Ir	C.	L	Md. 21227
1	23. PART J Enter the diseases, or consher the shock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition	List only one ceu	se on each lin	ne.	not enter the mo	de of dying, suc	ch aa ce	rdlec or respi	ratory arm	eat,	Approximate Interval Batweer Onset and Deati
	resulting in death)	DUE TO DUE TO	OR AS A CONS	Ke EOUENCE O	ma/	Fai	lux	re	<u> </u>		
	Sequentially list conditions,	06	5 true	cti	've	Crope	2/4	ry			
	if any, leading to immediate cause. Enter UNDERLYING	Para	OH AS A CONS	L L	r):	/		•			
	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONS	EQUENCE O	Ca						-
ı	resulting in death) LAST		,								İ
ŀ	PART II. Other significent conditions	contributing to	death but not	reaulting	In the underlying	cause given in	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ı								1 TYES 2			COMPLETION DF CAUSE OF DEATH?
									/		1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C/	heck only o	one)			
ı	1 TES 2 NO		ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing Hom	5 🗆 Residence	8 🗆 Ott	er (Specify)			
ł.	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM		JRY AT RK?	28d. Dt	SCRIBE HOW II	JURY OCC	URED	
1	1 Natural 5 Pending Investigation					ES 2 NO					
1	3 Suicide 6 Could not be determined	home, ferm, i	street, factory, office		28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)				oute Number,		
	20e. CERTIFIER (Check only one) CERTIFYING PHYSIC MEDICAL EXAMINER										end menner as stated.
1	296, SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU					(Month, Day, Year)
	aguin								10	4/9	1/93
-	ST. A SWES	COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type	Print)		Bal	t. m	0	7	1229
	APR 22 1993	33 AEGISTRA	- Acros							-	- 1

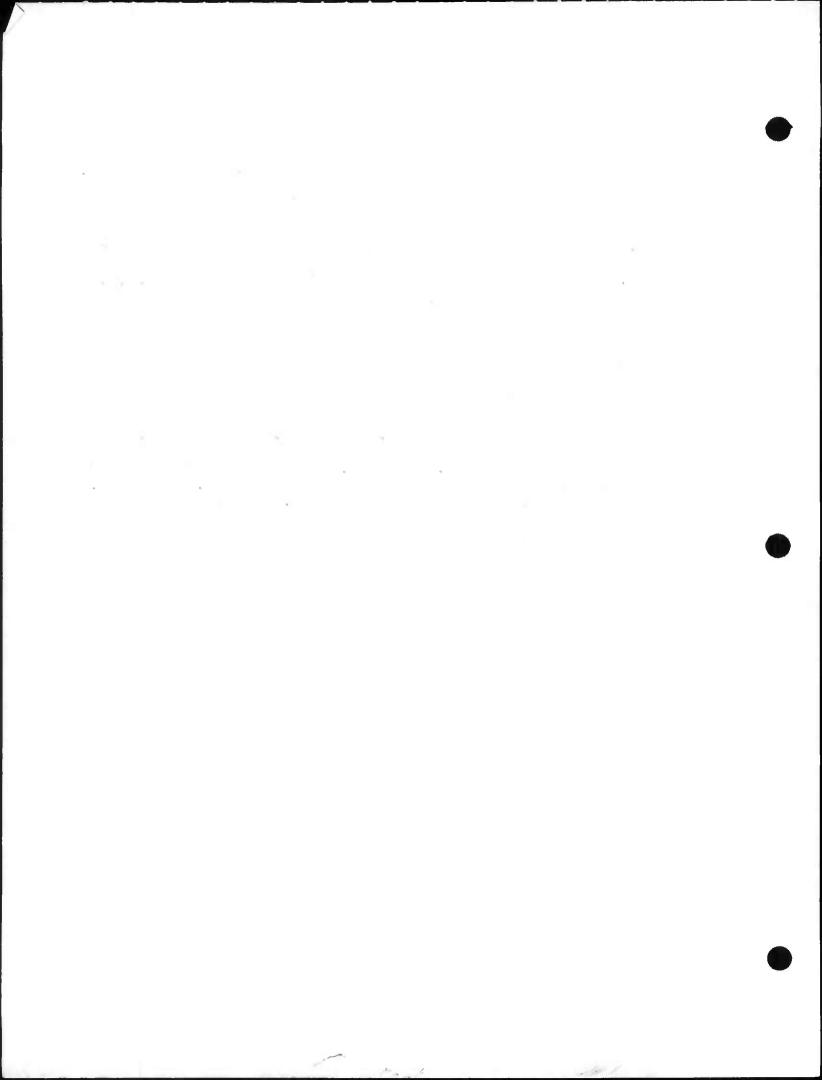


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AN	D MENTAL HYGIEN		3 11620				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	Pauline Denn 4. SOCIAL SECURITY NUMBER	ic			MONTH DA						
				F UNDER 1 YEAR IF UNDER 24 HE ONTHS DAYS HOURS MIS	40.4 14 Ph - 34 1	8. E	NRTHPLACE (State or Foreign country)				
	225-20-7094 9a. FACILITY NAME (If not institution, give at	1 D M 2 X F 92		Va.							
DIRECTOR	Brighton Manor Nursing Home Baltimore RESIDENCE OF DECEDENT 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH										
EC	10e. STATE 10b. COUNTY			TOWN OR LOCATION			10d. INSIDE CITY				
	Md.		Вс	ltimore			LIMITS?				
₹ I	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	1501 N. Dukela			21216			S.A.				
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	PONO	If yes, specify Culton, Me	SPANIC ORIGIN? (Specify Yes xicen, Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.				
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES 2 TOUTO SE	secify:	1	spectly: Black				
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16e. DECEDENT'S US	SUAL OCCUPATION k done during most of working	16b. KIND OF BUS	SINESS/INDUST	RY				
COMPLETED	Elementary/Secondary (0-12) 6 t //	College (1-4 or 5+)	Homemal	etired.)							
M	17. FATHER'S NAME (First, Middle, Last)		110mentar								
	George	Major			NAME (First, Middle, Maiden	Surname)					
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING A	DDRESS (Street and Number or Rt.	U Major	State 7in Cod					
5	George Morri	S		Morley St.							
	20e. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Remo	206	PLACEAND DATE OF	DISPOSITION (Name of	DATE 20c. LOC	CATION — City	or Town, State				
	☐ Donation 5 ☐ Other (Specify)		etary, crematory or othe	Cem.	4-243 La	uslaw	N. Mcl.				
	21. SIGNATURE OF FUNERAL SERVICE LIC	DISEE	/	22. NAME AND ADDRESS OF	FACILITY 38 IV.	Gilmon	st. 21217				
	Alles	ren	Ĵ		Wylie-Mor		7				
	23. PART i. Enter the diseasea, or c shock, or heart fallure. I	omplications that caused List only one cause on ea	the death. Do not	enter the mode of dying,	such as cardiac or respir	ratory arrest,	Approximata				
	IMMEDIATE CAUSE (Final disease or condition			1. 0	di in anti-	1.	Interval Between Onset and Death				
	resulting in death)	hthe	2105(16	rotic Car	910495(419	r dis	ease yrs.				
-	_	C , L	CONSEQUENCE OF):				Use				
5	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):										
8	CAUSE (Disease or injury	<u>.</u>					ļ				
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION		J									
A.	PART II. Other significant conditions	a contributing to death be	ut not resulting in	the underlying cause given			24b. WERE AUTOPSY FINDINGS				
PHYSICIAN: MEDIC					PERFORI	-	COMPLETION OF CAUSE OF DEATH?				
ME							1 TES 2 NO				
ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE DF DEATH THER:							
HYS	27. MANNER OF DEATH	1 Inputient 2 ER/Outp	28b. TIME C	Nursing Home 5 Residen F 28c. INJURY AT	28d. DESCRIBE HOW IN	HIRV OCCURE					
	1 Netural 5 Pending	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO	284. DESCRIBE HOW IN	IJURY OCCURE	ľ				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	— At home, ferm, stre		281. LOCATION (Street or	nd Number or Ru	iral Route Number,				
COMPLETED	4 Homicide determined	building, etc. (Speci	(Y)		City or Town, State)						
2	290. CERTIFIER (Check only	DIAN: To the best of my knowl	edge, death occurred a	it the time, date and place, end	due to the ceuse(s) end meni	ner se stated.					
O.				n my opinion, death occured at			see(e) end menner ee stated.				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	large n-		29c, LICENSE	NUMBER	29d. DATE SIG	NED (Month, Day, Year)				
D 0	maten H. A	Jacens		D 15	5503	D 4	122/93				
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	501DolPH	IN STRE	FT. B	LTO MD				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	1 2 /) 7	414				
	APR 22 1993	, ina Davidson A	andell.								



ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

use as the burial-transit permit. Pages 1, 2, 3 should

detached for

by the funeral director, page 5 should be removal.

filled in 1

attending physician and completely fills ntal Hygiene prior to burial, cremation,

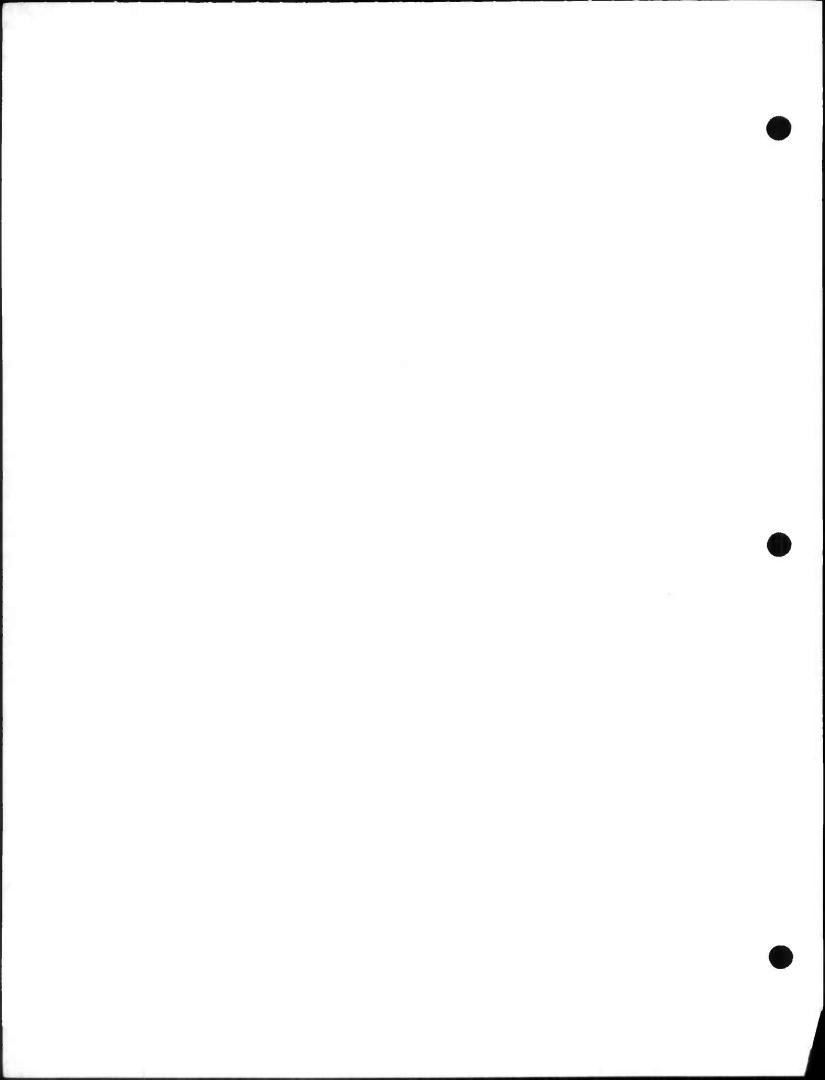
the atten

After to

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

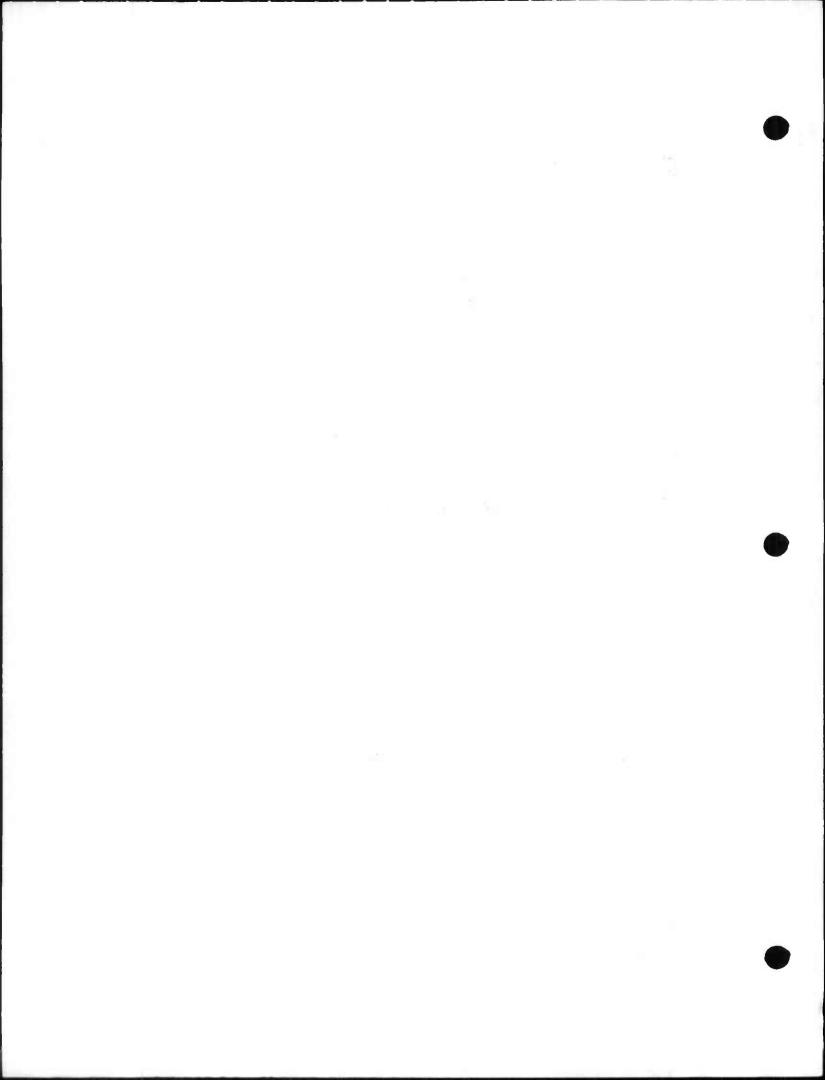
FOR STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH 3 ? loA. 6. AGE (In 18. 8. BIRTHPLACE (State or Foreign MD 9b. CITY, TOWN, OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR IGC, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 NO FUNERAL 10a, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 1617 N. Durham St. 21213 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 √ NO IF YES, GIVE WAR OR DATES ^ 14. RACE — American Indian, Black, White, etc. Never Married 2 Married
3 Widowed 4 Divorced BY . Black COMPLETED 18e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION
Decity only highest grade completed) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 8th Construction once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Edward Eggleston notified at Mary Watson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sweetie Walton 3104 E. Federal St./Baltimore, MD 21213 pe 20s. METHOD OF OISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Bal timore cemetery Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death HRAD & NECK ADRNO CAOUE TO (OR AS A CONSEQUENCE OF):
WITH MRTASTASIS TO SPINE
DUE TO (OR AS A CONSEQUENCE OF):
AND LIVER IMMEDIATE CAUSE (Final the disease or condition reaulting in deeth) traumatic CERTIFICATION Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 Injury, PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS has been signed by the Dept. of Health and N T 23 shows any Inj AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? r this certificate han with the State De arked, or item 2 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DDA ne 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide TO HE FUNERAL DIRECTOR: A be filed within 72 hours after dt IMPORTANT: If Item 28 is 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE sem 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) APR 22 M1993 Tolia Bartos Park

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
			EDTIELCATE						

	1. DECEDENT'S NAME (First, Middle, Las	91)	(1) (2.0)	REG. NO.	3. TIME OF DEATH					
	Cooper	William		ONTH DAY	YEAR 25%					
	3.19-14-4710	5. SEX 6. AGE (In yrs. last birthday) 7 M 2 D F S YRS.	F UNDER 1 YEAR SF UNDER 24 HRS. 7. DAYS HOURS MIN.	TE OF BIRTH (onth, Day, Year)	BIRTHPLACE (State or Foreign Country)					
стов	90. FACILITY NAME (If not institution, give Good Sam N	ursing Center	96. CITY, TOWN OR LOCATION OF DEATH BOLL FOR MINISTER STATEMENT OF THE STA	9c. COUNT	Y OF DEATH					
DIRECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	NTY 10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY					
	10e. STREET AND NUMBER		3a Hu	I 100. CITIZE	1 YES 2 NO					
FUNERAL	1605 N.B	entalou St	2/2/6	6	1. S.A					
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ VES 2 □ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC OR It yes, specify Cuben, Mexican, Puer 1 YES 2 Kino Specify:	IGIN7 (Specify Yes or No — 1: rto Rican, etc.)	4. RACE — American Indian, Black, White, atc. Specify: Black					
-ETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)		work done during most of working	16b. KIND OF BUSINESS/INDU						
COMPL	12 H) 17. FATHER'S NAME (First, Middle, Lest)		AN MOTHERIN NAME OF							
	John W. C	"Doper, 5-	WCind	st, Middle, Meiden Surpanne)	tin					
TO BE	190. INFORMANT'S NAME (Type/Print)	dams 1605	ADDRESS (Street and Number or Aural Acute N N. Bentalou!	St Balto	red 20216					
	20e. METHOD OF DISPOSITION Burlet 2 Cremetion 3 Removal from State									
	22 SHOMATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY 22 NAME AND ADDRESS OF FACILITY 23 NAME AND ADDRESS OF FACILITY									
4	111111111111111111111111111111111111111									
	OR DATE I Entre the discourse of	A dumper	e 1900 4300	Wabash 1	Jue					
	23. PART Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final	or complications that caused tha death. Do note. List only one cause on each line.	e 4000 300 old anter the mode of dying, such as o	Wabash /	interval Bets					
	anock, or heart failure	a. CANCER OF	FTHE BRAI	Cubash /- ardiac or respiratory arres	interval Betv					
	IMMEDIALE CAUSE (Final disease or condition resulting in death)	e. List only one cause on each line.	FTHE BRAI	Cubash /- ardiac or respiratory arres	interval Bets					
	IMMEDIALE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A CONSEQUENCE OF	FTHE BRAJ	Cubash /	Approximate interval Betwood Onset and D					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a	FTHE SOA;	Cutubash A	interval Betv					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSEQUENCE OF C. OUE TO (OR AS A CONSEQUENCE OF d	FTHE BRAI	No	Interval Betwoen and D					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

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	FOR 1 . STATE	STATE OF MARYI	LAND / DEF	PARTMEN	NT OF	HEALTH AND	MENTA	L HYGIEN	Ε			
	REGISTRAR		CERT	IFICAT	E OF	DEATH		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) JACK	ימוסים:	T78.6 74.8.7				2. DATE	of DEATH	199	YEAR 3.	TIME OF DEA	
	4. SOCIAL SECURITY NUMBER		FREEMAN 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HIRS.								:12	Ам
	217-07-4279	1/1 M 2 D F	85 YR	MONTEN	DAYS	HOURS MIN.						oreign
	9e. FACILITY NAME (If not institution, give :	street and number)		9b. CI	TY, TOWN	OR LOCATION OF D				Y OF DEAT		
DIRECTOR	501 E. PRESTO	N ST.		BA	LTI	MORE						
i iii	10a. STATE 10b. COUNT	Υ	10c.	CITY, TOWN	OR LOCA	TION				10	d. INSIDE CIT	Y
5	MD			Balt	imo	re				1)	LIMITS?	NO.
AL AL	10e. STREET AND NUMBER			<u> </u>		r. ZIP CODE			10g. CITIZI		T COUNTRY?	
FUNERAL	501 E. Presto	n St. Apt.	204			21202			US	Α		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13	. WAS DE	CENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No- 1	4. RACE —	American Indi	llan,
B	t Never Married 2 Married 3 X Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES			Decity Cuben, Mexico 3 2 NO Specia		Ricen, etc.)			ack	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDEN	IT'S USUAL	OCCUPATI	ON	166	. KIND OF BUS	SINESS/INDU			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do Mo	of work done of use retired.	e during m .)	ost of working						
MP	4th							Sparro	ows P	oint		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Maiden	Sumame)			
BE	Jacob Freema	n				Jane						
2	190. INFORMANT'S NAME (Type/Print) Frances Holme:	5				and Number or Rural J.ew Ave					1216	
	20a. METHOD OF DISPOSITION	20	b. PLACE AND DA	TE OF DISPO	SITION /N	ame of			CATION CI			
	V Buriel 2 ☐ Cremation 3 ☐ Rem Donation 5 ☐ Other (Specify)	oval from State Cer	ount Z	or other place	Cem	eterv	1		rsdow			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1			NO ADDRESS OF FA	CILITY	401	134011	110,	110	
	Mmot	105 5.6	Janes	Call W	M C	. MARCH	C (/110	11 6	NOD	TH AL	W.C.
	23. PART I. Enter the diseases, or	complications that cause	d the deeth. [Do not ente	r the mo	vie of dving eur	h en cen	dies or mani	Tatoni erre	NOR		
	eneck, or neert remore.	List only one ceuse on e	each ilne.	ro not onto		or dying, suc	AT ON COL	alec of leeps	ratory arrea	ш,	Approxim interval B	Setween
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	HULTIPLE	STAG	214110	~						Onset and	d Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENC	SEQUENCE OF):								
z												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENC	E OF):								
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	C										
	that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):								
Ä	resulting in deeth) LAST	d										
- H	PART ii. Other significant condition	is contributing to deeth !	but not resulting	ng in the u	ınderivin	a ceuse alven in	Part i.	24a, WAS AN	ALITOPSY	24h WE	RE AUTOPSY F	EINDINGS
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8								t YES 2	□ NO	OF	DEATH?	
≥							-			1[] YES 2 []	NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		-		26. P	LACE OF DEATH (Ch	ack only o	nel .				
S	EXAMINER?	HOSPITAL:	patient 3 DO	OTHE		Y						
¥	27. MANNER OF DEATH	28a, DATE OF INJURY	285	TIME OF	28c, IN,	JURY AT			UURY OCCU	RED		
104_16_1007 PO ON TO VES MYNO CITE TROOP WAS C								STA	BBFD			
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	/ — At home, ter	m, street, fa	ctory, offic			ATION (Street a)
COMPLETED	4 Momicide determined	comming, are. (Spe	HOI	ME 			501	Evn. States	REST(ON S'	r./BA	LTO
릴		CIAN: To the beat of my know										
Į	2 X MEDICAL EXAMINE	R: On the besie of examination	n and/or inveatig	ation, in my	opinion, d	leath occured at the	time, date	and place, and	due to the	cause(e) an	d menner as s	stated.
BE	296. MICHATURE AND TITLE OF CERTIFIE	0. 19				29c. LICENSE NUI					onth, Day, Year)	
8	mount for	Mull				O.C.M.	. E		▶ 04	4-16	-1993)
	30 NAME AND ADDRESS OF PERSON WH	O COMBI ETED CALLES OF DE	ATLL STEEL AND S	m 110							4 -	

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Penn Street, Baltimore, Maryland

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	gned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should salth and Mental Hygiene prior to burial, cremation, or removal.	
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR JULY THE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bosp TO THE FUNERAL DIRECT.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF F	MARYLAND C	DEPAR	ICATE	OF HEALTH	H AND	MENT	AL HYGIEN	_	3	11624
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH			. TIME OF DEATH
	GEORGE			F	'AIDL	EY) 4		93 4	4:15 A ^M
	4. SOCIAL SECURITY NUMBER	MONTHS DAVE MOURE MAN (M							TE OF BIRTH	0.		ACE (State or Foreign
	213-09-1107	1 M 2 - F	92	YRS.				8	- 30 - 19	00		MD
œ	9e. FACILITY NAME (If not institution, give					TOWN OR LOCAT		EATH		9c. COUNTY	Y OF DEA	тн
DIRECTOR	405 E. 22th ST	REET			BAL	TIMORE	Ξ					
REC	10e. STATE 10b. COUNT			10c. CIT	TY, TOWN OR	LOCATION					1	0d. INSIDE CITY LIMITS?
٥	MD			В	altin	nore				1 XYES 2 NO		
RAL	104. STREET AND NUMBER					10f. ZIP CO					N OF WH	AT COUNTRY?
FUNERAL	405 E. 22nd S					2121				USA		
	11. MARITAL STATUS 1 Never Merried 2 Merried		1 YES 2 1	RMED NO	H 3	yes, specify Cub	ban, Mexica	in, Puert	GIN? (Specify Yes to Rican, atc.)	or No- 14	Black, V	- American Indian, White, etc.
B≼	3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES		11	YES 2 XNO) Specify	y:			Specify:	Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION in completed)	16a. Dí	ECEDENT'S	USUAL OCC	UPATION	(Inc.	- 1	6b. KIND OF BUS	SINESS/INDUS)
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	_		ring most of work						
M	12th		(<u>Oran</u>	e Ope	erator			Beth S			
8	17. FATHER'S NAME (First, Middle, Last) William Faid	104							t, Middle, Meiden	Surneme)		
H	19a. INFORMANT'S NAME (Type/Print)	Геу	10	OL MAILING	Anngees /		ora l		SON imber, City or Town	0 7t- 0-		
2	Grace P. Will	is							timore) 1 g
	20s, METHOD OF DISPOSITION		20b. PLACE	AND DATE (OF DISPOSITI	ION (Name of		D.4	ATE 20c. LO			
	1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	- Ar Di	utus	Mem(orial	Park	K	I	utus		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1			AME AND ADDR			1			
	1 Almei	to K-	· Im	1/20	WM	C. MA	RCH	F.	H./110	1 F.	NOF	RTH AVE.
	23. PART I. Enter the diseases, or	complications the	t paused the di	eeth. Do r	not enter th	ne mode of d	ying, suc	h as ce	ordiac or respi	ratory erres	t,	Approximate
1. 13	IMMEDIATE CAUSE (Finel	List only one cau	ise on each line	в.	2116	N						Interval Between Onset and Death
	disesse or condition resulting in death)	· Lon	asstri	· 30	New	++	ail	15	·e			
		DUE TO	100 AS A CONSE	QUENCE OF	18							
ON	Sequentially list conditions,	b. DUE TO	YOR AS A CONSE	OURNOE O		Ų						
X	if any, leading to immediate cause. Enter UNDERLYING											
IF.	that initiated events											1
CERTIFICATION	resulting in daeth) LAST											
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTO											ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL			-			mymy	Minor.	F 41.	PERFOR	MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE
								_	1 TYES 2	NO	OF	F DEATH?
2												☐ YES 2 ☐ NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOCONTAL				26. PLACE OF	DEATH (Ch	eck only	one)			
YSI	1 PYES 2 NO	HOSPITAL:	ER/Outpatient 3	3 🗆 DOA	OTHER: 4 Nursin	g Home 5 P	Residence	6 🗆 Ott	her (Specify)			
P.H.	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, De		26b. TIMI	JURY	Bc. INJURY AT WORK?		28d. D	ESCRIBE HOW IN	JURY OCCUR	RED	
B	2 Accident Investigation	DE DE ACE C	- All stance As L			1 YES 2	□ NO	-				
B	3 Suicide 6 Could not be 4 Homicide determined	building,	OF INJURY — At ha etc. (Specify))me, ferm, s	street, factory	i, office			CATION (Street a ty or Town, State)	nd Number or	Rural Rout	Number,
COMPLETED	290. CERTIFIER											
MP	(Check only CERTIFYING PHYSI	ER: On the basis of ex										or the second
	296. SIGNATURE AND TITLE OF CERTIFIE				II, III II-y wp		CENSE NUM		te and piece, ein			
H	M	my-					C.M.			▶ 04		onth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	, Print)	0.	Carra	, Ц.		04/	10/	93
- 1	* AMDIX	Ma	111	Pen	n Sti	ceet,	Bal	tim	ore, M	Iarvla	and	21201
- 1	31. DATE FILED (Morifit, Day, Year)	9 32: REGISTRA	H'S SIGNATURE	-						1		
- 1	APR 22 1993	APR 22 1993 Julia Davidson-Mandalle										

3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

14. RACE — American Indian, Black, White, alc.

White

21225

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE

1 TES 2

Approximata Interval Between

Onset and Death

TES 2 NO

Maryland

10g CITIZEN OF WHAT COUNTRY?

Specify:

U.S.A.

REG. NO.

1993

9c. COUNTY OF DEATH

STATE REGISTRAR

APR 22 1993

1. DECEDENT'S NAME (First, Middle, Last)

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2. DATE OF DEATH MONTH DAY Kathleen M. Grimes 04 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 M 27 F 46 06/09/1946 212 46 7766 use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Our Home For The Neighbors DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION ======== Maryland Baltimore 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 750 Bethnal Road 21229 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify Cuban, Mexican, Puarto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 🔀 NO 1 Never Merried 2 Narried ВУ IF YES, GIVE WAR OR DATES 1 YES 2X NO Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high for Elementary/Secondary (0-12) College (1-4 or 5+) Caretaker Nursing Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ernest Robert Syrnec Ethel Myra Roberts page 5 should be notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Robert Srnec Sr. P.O. Box 674 Milton, New Hampshire 03851 pe 20a. METHOD OF DISPOSITION
1XI Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must director, Wiseburg Cemetery 4/21 examiner 21. SIGNATURE OF SUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. and completely filled in by the funeral burial, cremation, or removal. 4001 Ritchie Hwy. Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the dec shock, or heart failure. List only one cause on each line. medical plications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest. IMMEDIATE CAUSE (Final the disease or condition within event, resulting in death) executed SEART PAILURE traumatic PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, been signed by the attending physician and Health and Mental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING 2 ONA certificate other t CAUSE (Diseese or injury that initiated events resulting in death) LAST 6 death Injury. PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 NO YPO THYROIDISM DIABOTES MECLITUS WE Dept. 25. WAS CASE REFERRED EXAMINER? TO MEDICAL 28. PLACE OF DEATH (Check only one) tem certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: DR ATTENDING PHYSICIAN: 5 Residence 8 Other (Specify) 4 Nursing Home marked, or 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 286. TIME OF 28d. DESCRIBE HOW INJURY OCCURED FUNERAL DIRECTOR: After this co 1 Natural 5 Pending 1 YES 2 NO BY Accident
3 Sulcide 28s. PLACE OF INJURY — At home, farm, street, lactory, offica building, etc. (Specify) 69 5 8 Could not be 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 28 COMPLET tem ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated. TO THE HOSPITAL TO THE FUNERAL C DE filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND THILE OF CONTINER C. LICENSE NUMBER BE 2580 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

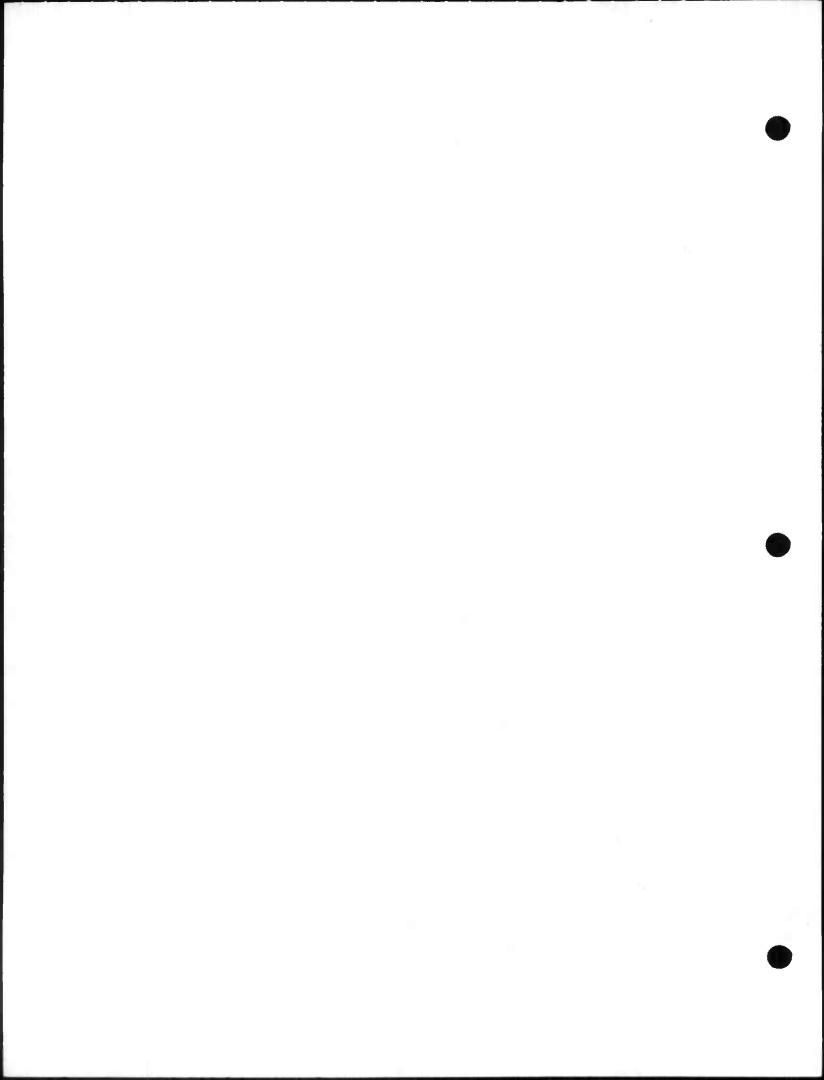
BALTIMORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

29d. DATE SIGNED (Month, Day, Year) 19

21225



MARYLAND 21215-0020 BALTIMORE, FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BOX 68760, DIVISION OF VITAL RECORDS, P.O.

1993 04 William ŹÖ Carrollton Gunke1 0116 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 213 10 8284 1 🔀 M 2 🗌 F 74 06/19/1918 Maryland detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harbor Hospital Center DIRECTOR Baltimore City _____ RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5520 Moore Street 21225 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. 1 Never Married 2 N Married If yes, specify Cuben, Maxican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: World War II White COMPLETED 15. DECEDENT'S EDUCATION acify only highest grade completed) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe intary/Secondary (0-12) College (1-4 or 5+) 12th Grade WESTINGHOUSE Plant Protection once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Gunkel 2 Ħ Carrie Edwards BE (notified : funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Isoline Gunkel 5520 Moore Street Baltimore, Maryland 21225 Pe 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must Cedar Hill Cemetery 4/23 Baltimore, Maryland 4 Donation 5 Other (Specify) examiner George J. Gonce Funeral Home P.A. filled in by the fi 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or comprications that caused the de-shock, or heart failure. List only one ceuse on each line. medical fications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory errest, Intervel Betwe IMMEDIATE CAUSE (Final Onset and Death completely filler the disease or condition Sease lear HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. resulting in death) DUE TO (OR AS A CONSEQUENCE OF) hysician and com traumatic CERTIFICATION Sequentially list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): the attending physician I Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. e has been signed by the Coept. of Health and Mm 23 shows any Inj 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL this certificate has with the State C irked, or Item EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA ne 5 🗆 Residence 8 🗀 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28 is marked, 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation DIRECTOR: After the hours after death v BY 1 YES 2 NO Accident 28e. PLACE OF INJURY — building, atc. (Specify) 3 Sulcide At home, ferm, street, factory, office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECT DE filed within 72 hours at IMPORTANT; It Item 2 294. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and menner as stated. TITLE OF CERTIFIES 29c. LICENSE NUMBER BE Me HIL 53 D07056 4 20 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32 projetran's eignature APR 22 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

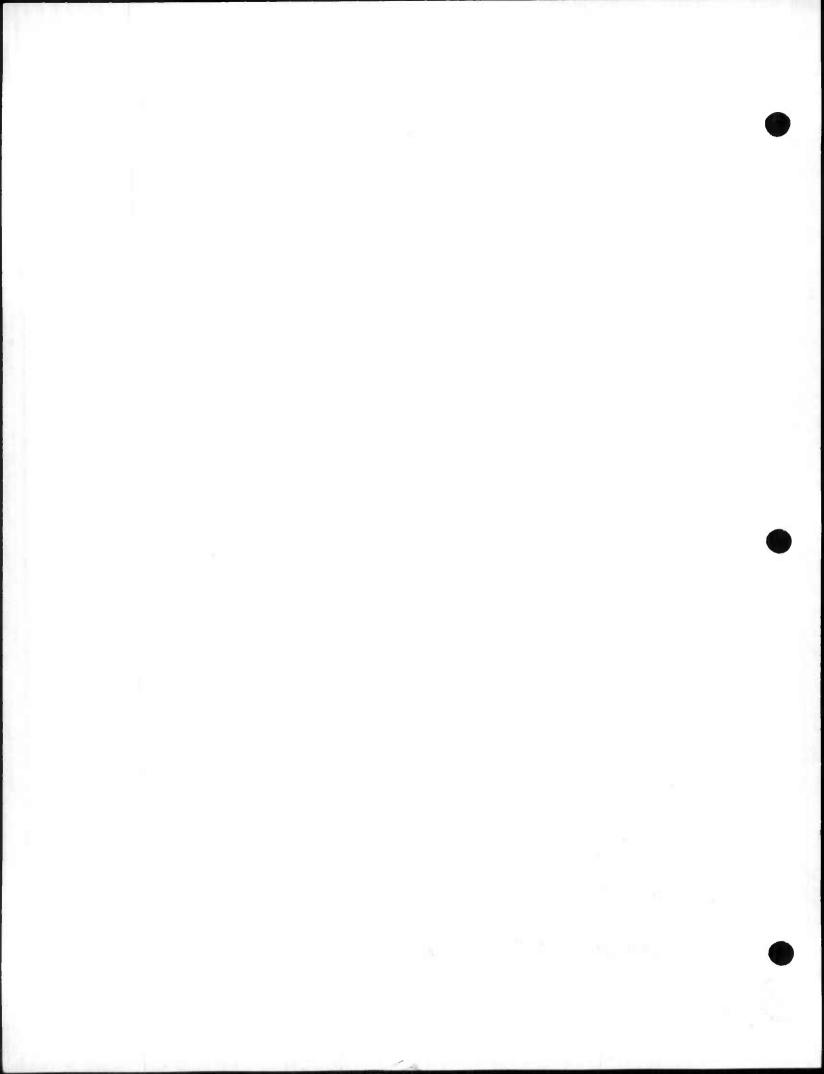


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3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notitied at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
the funeral director, page 5 should be detached way.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	CIVISION OF VITAL RECORDS, F.O. BOX 88780,

APR 22 1993

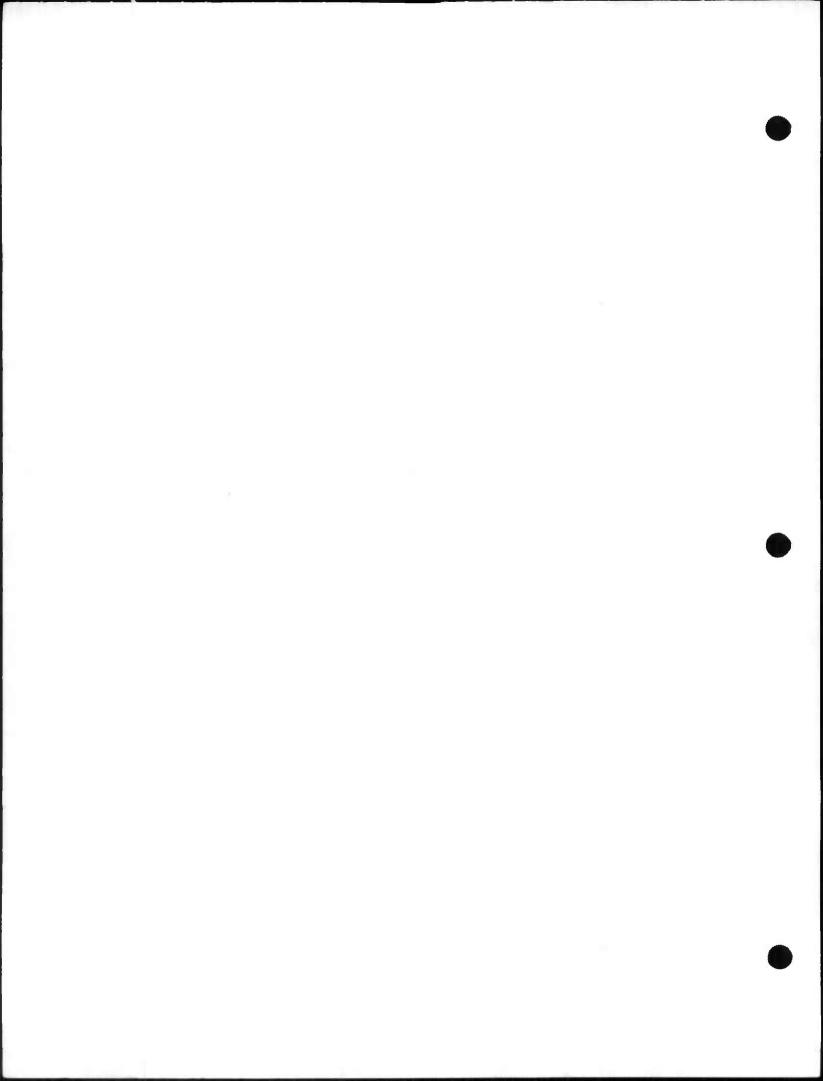
	1 - STATE REGISTRAR	STATE OF MAR		ITMENT OF H		MENTAL HYGIEN	-	93 11627
	1. DECEDENT'S NAME (First, Middle, Last) UARNEN H 4. SOCIAL SECURITY NUMBER	Goodson		10/112 01	DEATH	2. DATE OF DEATH	MY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 250-16-6580 9a. FACILITY NAME (If not institution, give str	1 M 2 - F	AGE (In yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	9	8. BIRTHPLACE (State or Foreign Country) S : C .
DIRECTOR	Stella MALIS RESIDENCE OF DECEDENT 108. STATE 10b. COUNTY			Towso	N MD.	EAIN		ty OF DEATH
	MD,	,		Y, TOWN OR LOCAT			10g, CITIZI	10d. INSIDE CITY LIMITS? 1 YES 2 NO EN OF WHAT COUNTRY?
FUNERAL	633 A'SQUIT 11. MARITAL STATUS 1 Never Married 2 PMarried	12. WAS OECEDENT EV FORCES? 1	PER IN U.S. ARMED	13. WAS DEC	Z / 2 O Z ENOENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	U	14. RACE — American Indian, Black, White, atc.
TED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of	IF YES, GIVE WAR (ATION completed)	16a. DECEDENT'S	1 TYES	2 240 Specia	y: 16b. KINO OF BU	SINESS/INDU:	Specify: Black
COMPLETED	Elementary/Secondary (\$-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		work done during mos ne retired.)	R	ME (First, Middle, Maiden	0	
TO BE C	19a. INFORMANT'S NAME (Type/Print)	Goodson		ADDRESS (Street ar	LilA	Howard Number, City or Tow	Rd	Code)
Ē	2ea. METHOD OF DISPOSITION 1 Defurial 2 Cremetion 3 Remor		20b. PLACE AND DATE	ther niecel				ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE Butts Fig. 12.	insee	Western	22. NAME AN	O ADDRESS OF FA	14-25-83 COULTY ROFINE	St.	Baltinoee
	23. PART I. Enter the diseases, or co shock, or heert feilure. L IMMEDIATE CAUSE (Final disease or condition	let only one ceuse o	on eech iine.			h as cerdiec or resp	iratory arres	Bt, Approximete interval Between Onset and Death
LION	Sequentieily list conditions, if any, leading to immediate	Presu	TAGE REN AS A CONSEQUENCE OF AS A CONSEQUENCE OF	AL Cell	Cancer			
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF	F):				
MEDICAL C	PART II. Other aignificent conditions	contributing to dear	th but not resulting	n the underlying	ceuee given in	Pert i. 24a. WAS AN PERFOR	IMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL		HOSPITAL:			ACE OF OEATH (Ch			
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ERA 26a. DATE OF INJU (Month, Day, Ye	RY 26b. TIM	4 Nursing Home E OF 28c, INJU URY WOR M 1 7	RK?	6 Other (Specify) S- 28d. DESCRIBE HOW I	YJURY OCCU	AMIS HOSPICE
윤	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (26t, LOCATION (Street a City or Town, State)		
MPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.			d at the time, data a	and place, and dua	to the cause(a) and mar	mer as stated.	

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

Julia Ball Bran Royalette

29c. LICENSE NUMBER
D27087

29d. DATE SIGNED (Month, Day, Year)



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STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR **JAMES** 7. DATE OF BIRTH (Month, Day, Year) W. GILI 93 A SOCIAL SECURITY MIMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 220-03-2229 1 XM 2 F 6/19/20 SOUTH CAROLINA permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR VA MEDICAL CENTER, FORT HOWARD FORT HOWARD BALTIMORE. RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND 1 X YES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 718 RADNOR AVENUE detached for use as the burial-transit 21212 **USA** after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TES 2 NO Specify Specify: 3 Widowed 4 Divorced WW II ETED | 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle. 76 page 5 should be im BULAH BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu 2 CLINICAL RECORDS **MEDICAL** HOWARD MARYI AND 90 20s. METHOD OF DISPOSITION
1. Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Cm 227 must the funeral director, RRISON Forest DWINGS V.4. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Bets unera medicai 23. PART I. Enter the disease, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one ceuse on sech line. filled in by **Approximata** 24 hours Interval Between 0 IMMEDIATE CAUSE (Final Onset and Death FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, event, the disease or condition_ resulting in death) executed within Our Cerelio vasa accidents or other traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING death certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 - YES 2 NO 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA DR ATTENDING PHYSICIAN: e 5 ☐ Residence 6 ☐ Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) -00 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 28 4 Homicide Hem 29a. CERTIFIER (Chack note) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. MPORTANT: H 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) H H Jamia 93 034 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

-- VA MEDICAL CENTER, FORT HOWARD MARVIAND 21052

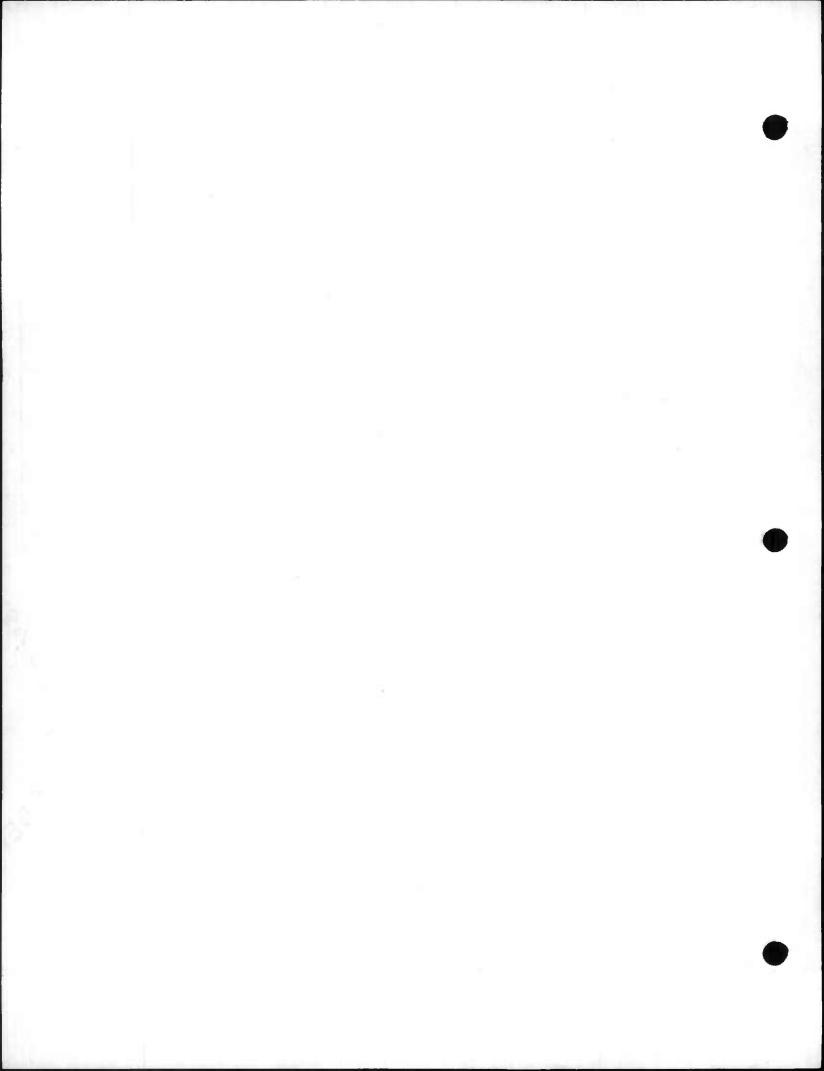
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAURIA.

MD.

July Davidson-Handell

DR. SAL S.



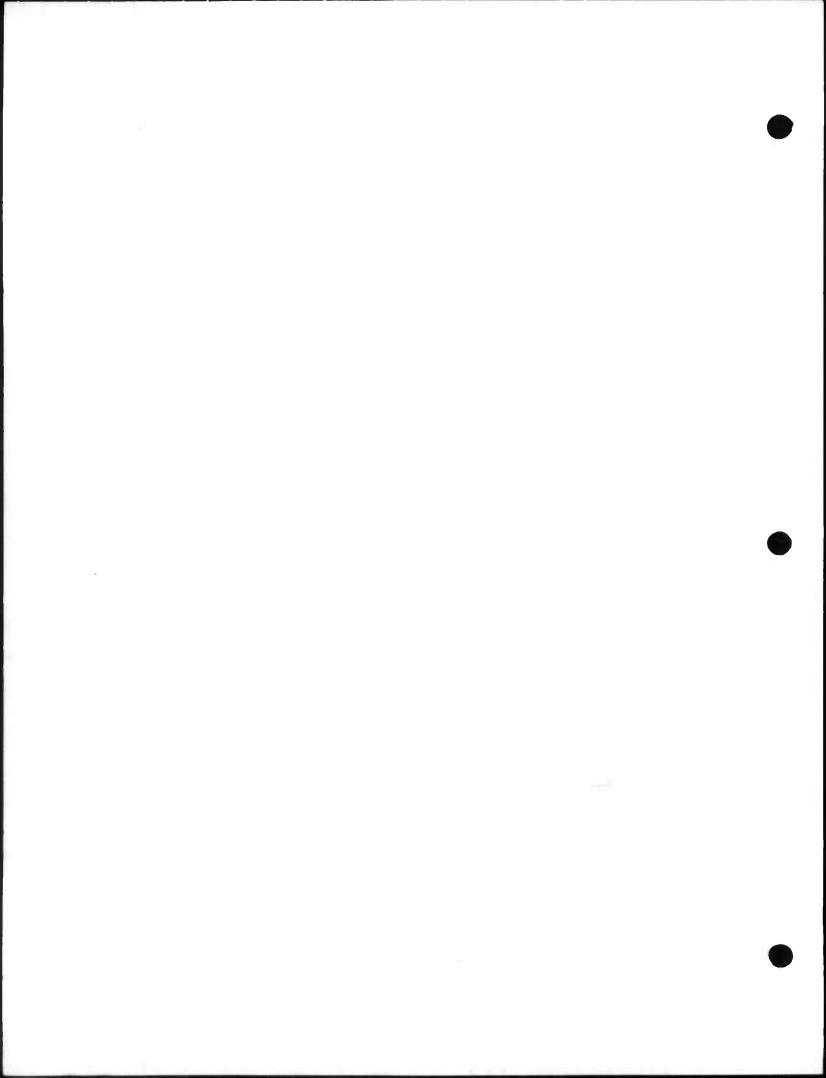
3.	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
(First, Middle, Last)		2 DATE OF DEATH

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEAL	TH AND ME	NTAL HYGIENE REG. NO.		11025				
t. DECEDENT'S NAME (First, Middle, Las Oswald T. I					DATE OF DEATH DAY	G.S	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 212-07-9168	5. SEX 6. AGÉ (87 YRS.	ONTHS DAYS HOU	NB MIN.	DATE OF BIRTH (Month, Day, Year) 06/25/06	Coun	HPLACE (State or Foreign try) rginia				
8a. FACILITY NAME (If not institution, give 6336 Cedar Lane RESIDENCE OF DECEMENT		ATION OF DEAT	•	E. COUNTY OF							
10a. STATE 10b. COUNTY Md. HOW	vard	olumbia			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
10e. STREET AND NUMBER 6336 Cedar Lane 11. MARITAL STATUS 1 Never Married 2 Married		10/1/1	10	WHAT COUNTRY?							
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDEN If yes, specify C 1 TYES 2	uban, Mexican, F	ORIGIN? (Specify Yes or werte Rican, etc.)	No- 14. RAC Blac	USA 14. RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in Barber	k done during most of w	L OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
17. FATHER'S NAME (First, Middle, Last)		IOTHER'S NAME	(First, Middle, Malden Sun	name)							
Oswald T. W.	Henning			ary E.							
19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy W. Dean 2049 Citrus Avenue, Jessup, Md. 20794											
20a. METHOD OF DISPOSITION 1 Burtal 2 Cremellory 3 Ra	20b	PLACE AND DATE OF	DISPOSITION (Name of		PATE 20c. LOCAT	ION — City or T	own, Stata				
4 Donation 8 Other (Specify)	Me	adowridge	Memorial			ridge,	Maryland				
23. PART I. Enter the diseases, or	L. Koul	men	5695 Mai	Kaufman	Funeral E	Md. 2	1227				
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	^	our of liv	cf,			Interval Betwee Onset and Dea (2) In sm/h				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significent condition	ona contributing to deeth b	e given in Par	1 YES 2	0?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check	only one)						
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp		THER:		i i	onice					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEB OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WORK?		d. DESCRIBE HOW INJU	RY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY	M 1 YES 2 N 26a. PLACE OF INJURY — Al home, ferm, atreet, factory, offica building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	SICIAN: To the best of my knowl						a) and manner as stated.				
296. BIGGRATURE AND TITLE OF CERTIFIC	Alex hous	u()		1145	7 29	DATE SIGNED	(Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON W	STEPHONE			TUN SI	BALTI	HORET:	11217 M)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA										

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	1. Page	P .	
	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 miles are the burial-transit permit.		
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MPI a	has be	Dept.	n 23 s
IAN: II	tificate	e State	or Iten
NUING PHYSICIAN	this ce	with th	rked.
NOING.	: After	death	is mai
	ECTOR	rs after	n 28
SE C	AL DIF	72 hou	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine
1001	FUNER	within	TANT
ID THE HUSPITAL ON	TO THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crer	IMPOR

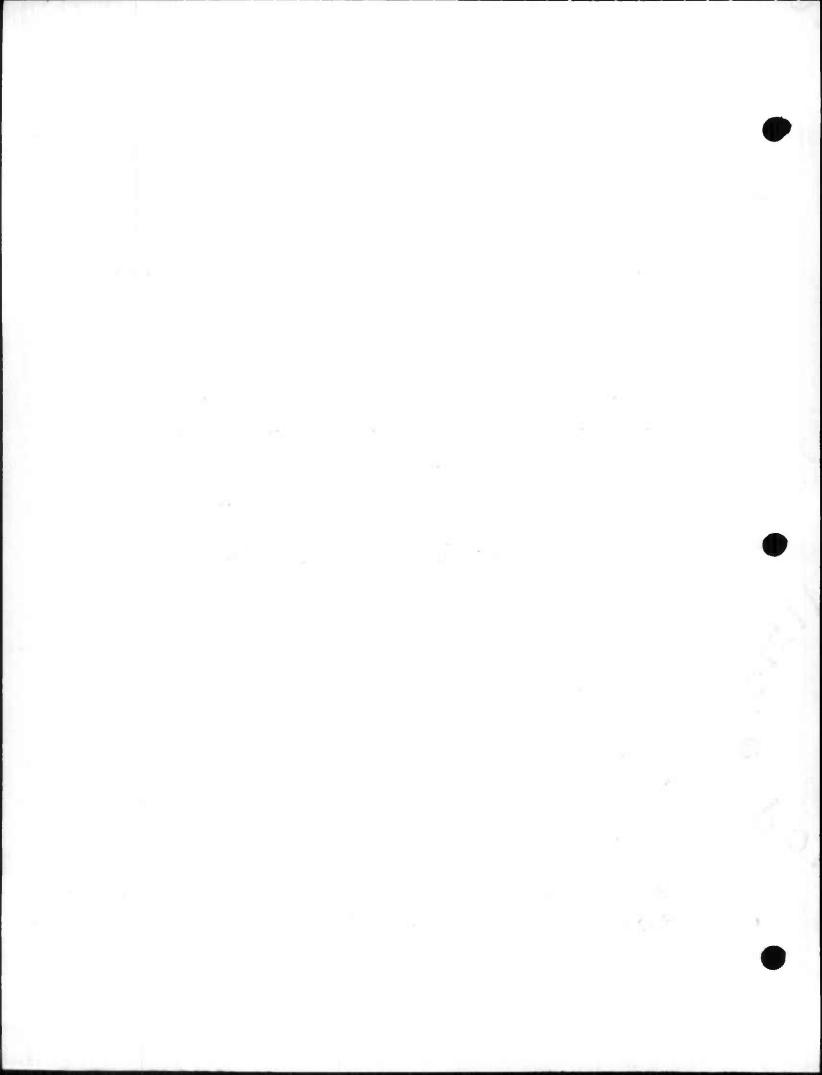
	FOR t.t									4/28/9 Tal Hygien	_	J	11030	
_	REGISTRAR		(CERTIF	ICATE	OF	DEA	TH	MILIT	REG. NO				
	1. DECEDENT'S NAME (First, Middle, La	st)								ATE OF DEATH	AY	WEAR	3. TIME OF DEATH	
	RICHARD		L			HOPPER							8:18 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	or riane (in your root billinday)			1 YEAR	IF UNDE	R 24 HRS.				IPLACE (State or Foreign		
	217-700-705	1 📉 M 2 🗆 F	33	YRS.	MONTHS	UAYS	HOURS	MIN.		-08-19				
_	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							EATH				
DIRECTOR	5515 ALAMEDA				BALTIMORE CITY.									
HE	10e. STATE 10b. COU	NTY		10c. CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?		
1 1	Md.				Baltimore								1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 5515 The Alam		101. ZIP CODE 2.1.2.3.9				10g. CITIZEN OF WHAT COUNTRY? USA							
3	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13.3	MAS DEC	ENDENT	DE HISDA	NIC OBI	GIN2 (Specify Yes			A decided to the	
	1 Never Married 2 X Married	FORCES?	FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANI If yea, specify Cuban, Mexican 1 YES 2 NO Specify:				to Rican, etc.)	or No-	Biaçi	— American Indian, k, White, atc.	
BY	3 Wildowed 4 Divorced	1	WIII OII DAILS		'	☐ TES	Z KI NO	Speci	ry:			Speci	Black	
COMPLETED	15. DECEDENT'S E (Specify only highest gro	DUCATION ide completed)	16a.	DECEDENT'S	USUAL OC	CUPATIO	ON let of work	na	1	16b. KIND OF BUS	SINESS/IN	DUSTRY		
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	se retired.)	ramy mo	ot or work	'ny						
₹	ll th		M	over					_	Moving		На	uling	
	17. FATHER'S NAME (First, Middle, Last)									t, Middle, Maiden			2	
出	Ricky Lee	Hopper											ardson	
2	Candis Taft			19b. MAILING	ADORESS	ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) The Alameda Balto., Md. 21239								
					_	_	_	la E				_		
	20s, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Re 4 Department 5 Other (Specify)	emoval from State	cemetery, o	cremetory or o	ANDDATE OF DISPOSITION (Name of employ or other place) 2101 Cemetery							1 - 1 Lanner		
	21. SIGNALURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACE AT													
	· Lane	40								Derric	k C.	Jo	nes F.H. o., Md.15	
	23. PART I. Enter the diseases, cahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	A C U T E	use on each II	ol A	ND N							rest,	Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other algolificent condition	t resulting	uiting in the underlying cause given in Part					Part I. 24a. WAS AN AUTOPSY PERFORMED? Y YES 2 NO		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO			
₹.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF O	EATH (Ch	eck only	one)		_		
/SK	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 DOA	OTHER 4 - Nurs		• 5 € Re	sidence	6 🗆 Ot	ther (Specify)				
£	27. MANNER OF OEATH	28a. OATE OF	INJURY	285. FIN		28c. INJI	URY AT		_	ESCRIBE HOW I	VJURY OC	CUREO		
BY	1 Netural Funding 2 Accident Investigation	1 1 0		8:0	4.4		ES 2	NO K	UN	KNOWN				
	3 Suicide 6) (Could not b	home, farm,	street, facto	ry, office			26f. LC	OCATION (Street a	nd Numbe					
	4 Homicide determined City or Town, State)								ltimor			ameda land		
COMPLETED		SICIAN: To the best of							to the o	ceuse(a) and men	ner aa ste	led.	and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIF					1				and proces, and				
BE	Dennis	2. Che	ete no					C.M					(Month, Day, Year) 0 / 1.993	
2	30. NAME AND AODRESS OF PERSON V	VHÓ COMPLETEO CAU												
	31. DAPR 22 1993	child Tank	H'S SEMPORE		SUIE	et,	ва	1 61	mor	e, Mai	гула	nd	21201	
	*** ** ** 1000	0	- Alasha											



1. DECEDENT'S NAME (First, Middle, Last)

DS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician and completely filled in the funeral director, page 5 should be detached for use as the buriat-likerial thickness night of puriation or removal.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or attending physician. TO THE FUNEARL OR ATTENDING PHYSICIAN: The law requires that the death of the transition of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press. 2.3 the filled within 27 hours after data with the State Detail of Health and Mental Hochen prior to Punial Process.
DS, P.O. BOX 68760, the death certificate be executed within 24 hours after death. Page 6 may be the attending physician and completely filled in by the funeral director, page. Mental hydrele prior to build, cremation, or removal.	DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 10 filed within 12 hours after death with the State Dect. of Health and Mental Hyglene prior to build, cremingin, or removal.
DS, P.O. BOX 68760, the death certificate be executed within the attending physician and completel. Mental Hyglene prior to burial, crema	N OF VITAL RECORDS, P.O. BOX 68760, 16 PHYSICIAN: The law requires that the death certificate be executed within that certificate has been signed by the attending physician and completel and with the State Dept. of Health and Mental Hydlene prior to burial, crement
	N OF VITAL RECOR 1G PHYSICIAN: The law requires that for this certificate has been signed by ath with the State Dept. of Health an

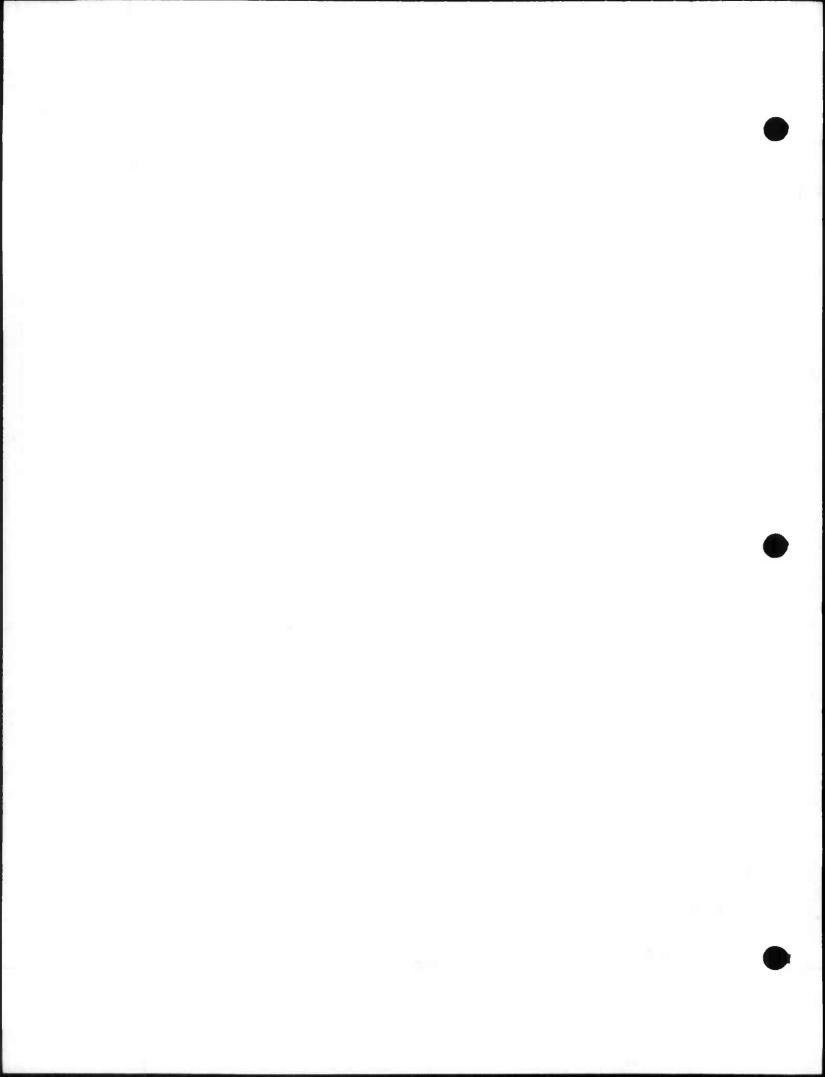
1	1. DECEDENT'S NAME (First		TD.							2. DATE OF	DEATH	Y	_YFAR	3. TIME OF DEATH
	HENRY A.									Apri	1 19,	199		9:50 A.M
H	4. SOCIAL SECURITY NUMI		5. SEX	6. AGE (In yrs.		IF UNDE	DAYS	-	24 HRS.	7. DATE OF E (Month, De	SIRTH y., Year)		Count	IPLACE (State or Foreign
	215-28-8637 9a. FACILITY NAME (# not h		1 XM 2 F	63	YRS.					(Month, De 10-	14-29			ryland
O.B.	Maryland Ge	eneral				Baltimore City						NTY OF D	EATH	
ក្ត	RESIDENCE OF DEC	10b. COUNTY	TV 2704401											
DIRECTOR	Maryland	_			100	ltim		AHON						10d, INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 533 S. Deck		nue				1	21224				-	S.A.	VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 3 Dive		IF YES, GIVE Y	YES 2	ARMED NO	13.	If yes, s		n, Mexica	IIC ORIGIN? (S. n, Puerto Ricar			14. RACI Blaci	E — American Indian, k, Whita, etc.
		CEDENT'S EDU		-1958										WILLCE
2	(Specify oni	ly highest grade	completed)		(Give kind of life, Do NOT u	work done	during n	FION most of worldr	ng	16b. KJN	D OF BUS	UNESS/INC	NUSTRY	
COMPLETED	Elementary/Secondary (1	0-12)	College (1-4 or 5	+)	Chem					Ste	el			
Š	17. FATHER'S NAME (First, M	fiddle, Last)						16. MOT	HER'S NA	ME (First, Middl	e, Maiden	Surname)		
BEC	Henry J. H									hine C		0		
5	Mrs. Mary		ders							Baltin				4
	20a. METHOD OF DISPOSITION 1-A Burial 2 Crematic 4 Donation 5 Other	on 3 🗌 Ram	oval from Stata	206. PLAC cemetery, St.	cremetory or Stan	of DISPO	SITION (Neme of Semete	rv	4-22	120	time	110	
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE			22	. NAME	AND ADDRE	SS OF FAC			Tille		
	Conn	18.	made	terr		13	3021	East	ern	Ave.,	Balt			D 21224
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fid disease or condition resulting in desth)	eart failure.	List only one cer	on each I	ine.					~				Approximate interval Between Onset and Death
NO NO	Sequentially list condit		b	(OR AS A CON										
RTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju	ING	c											
HALL	that initiated events resulting in death) LAS	٥	DUE TO	(OR AS A CON	SEQUENCE (PF):								
5	PART ii. Other eignifica	ent condition	a contribution to	don'th hut no	ot regulting	In the s	mala alsal		where to	Book I Love			Т	
S S						in the u	inderiyi	ng cause	liven in	Part I. 244	PERFOR		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	20	rabil	ensir	Wita						1 {	YES 2	□ NO		OF DEATH?
A N	25. WAS CASE REFERRED T	O MEDICAL						DI 105 05 0	EATH ON					
HYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:	PLACE OF D		6 C Other (Sp				
요	27. MANNER OF DEATH	Dodles	26a. DATE OF	INJURY	26b. TIR		28c. II	NJURY AT VORK?	Isiderica	28d. DESCRI	_	NJURY OC	CURED	
B	1 % Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO									December 61 combine				
ETED	3 Suicide 6 Homicide	Could not be datarmined	building,	etc. (Specify)	nome, tam,	acreet, lec	ctory, on	IC .			wn, State)	na Numoei	or Hurai i	Houte Number,
COMPLET		TIFYING PHYSI	CIAN: To the best of	my knowledge,	deeth occur	red et the	time, de	ta and place	, and due	to the cause(a) and men	ner as ste	ted.	
įς	one) 2 MED	ICAL EXAMINE	R: On the beats of a	xamination and	or investigati	on, in my	opinion,	death occur	red at the	time, data and	place, an	d dua lo Il	ne Cause() and manner as stated.
w II	296. SIGNATURE AND TITLE	OF CERTIFIER	1 /	1)		4		29c. LICI	ENSE NUM			29d. DAT	E SIGNED	(Month, Day, Year)
2	Daya	no of	2 1/2	w	s M	12		10	150	570		> 4	1/1	9/93
	BAYAN	1 3	ELN	1A, 1	M.O.		23	EAS	TEXA	ME	BA	200	M	021224
	31. DATE FILED (Month, Day, APR 22	1993	32 REGIOTAL	R'S SIGNATURE	dette									



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STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CI	ERTIFICATE	OF	DEAT	TH		REG.	NO.

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) ARLETHA	Tha	HARRISON			2. DATE OF DEATH DATE APRIL 20	1993	3. TIME OF DEATH 6:20 a			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign			
	214-22-80141	1 - M 2 BF 6	6 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	7 /// 7//24 /				
OC.	9a. FACILITY NAME (If not institution, give			96. CITY, TOWN O	OF DEATH						
CTOR	MARYLAND GENERA	L HOSPTIAL		BALTI	MORE CI	I'Y	BALT	IMORE CITY			
DIRE	On. STATE 10b. COUNT	TY .	10c. CIT	Y TOWN OR LOCATI	ON			10d. INSIDE CITY			
	10e. STREET JOYD NUMBER	/		101.	ZIP CODE		10o. CITIZEN	1 ☐ TES 2 ☐ NO OF WHAT COUNTRY?			
FUNERAL	30/ m mec	hen Si	+ Apt 9	721	2121	7	U,	S.A.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 ZNO	If yes, spe	city Cuben, Mexican	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Bleck, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 🗆 YES	2 NO Specify	•	6	MCK			
ETED	15. DECEDENT'S EDI (Specify only highest grad		(Give kind of t	USUAL OCCUPATIO	N t of working	16b. KIND OF BUS	INESS/INDUST	RY (
	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT u	ee retired.)		E:6	< 4	esi-T			
once.	17. FATHER'S NAME (First, Middle, Last)	1			18 MOTHER'S NA	ME (Figit, Middle, Maigten	Surname)	w/3/			
ल ш	JOAM HA	Trison			Thebe	el HA	1150	N			
TO B	19a, INFORMANT'S NAME (Type/Print)	mode	19b. MAILING		4 1.	Noute Number, City or Town	n, State, Zip Code	41			
2	20a. METHOD OF DISPOSITION	7777768978	b. PLACE AND DATE	OF DISPOSITION (No.	7,70	DATE 20c. LO	CATION - CITY	or Town, State			
E E	20a METHOD OF DISPOSITION 1 Design 2 Committee 3 Ram 4 Design 5 Other (Specify)	noval from State	netery crémerory or o	ther place	Cem	B	9/10,	Co. mod			
examiner	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			DADDRESS/OF FAC	CUSS, F.	INerH	Home			
medical exan	* Loseph o	t. Kuss		222	W. No	th Ave	BALLS	Sod 2121			
ry, or other traumatic event, the CERTIFICATION	disease or condition resulting in death) METASTATIC SQUAMOUS CELL CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST METASTATIC SQUAMOUS CELL CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): SHOCK C. DUE TO (OR AS A CONSEQUENCE OF):										
CER	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND										
EDICAL	PART II. Other significant condition	ns contributing to death i	but not resulting	In the underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION DF CAUS			
WS al						1 YES 2	₹ №	OF DEATH?			
N: M								1 TES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Che	ick only one)					
14SI	1 Tes 2 To NO 27. MANNER OF DEATH	12 Inpatient 2 ☐ ER/Out		4 - Nursing Home		8 Other (Specify)					
BY PHY	1 To Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIM	IURY WOR		28d. DESCRIBE HOW II	JURY OCCURE	D			
IMPURIANI: II 116m 28 18 marked, or 116m 23 8nows any inju O BE COMPLETED BY PHYSICIAN: MEDICAL	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, socify)	street, factory, offica		281. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,			
COMPLE		SICIAN: To the best of my know						~ npr-			
S	296. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of examination	on and/or investigation	en, in my opinion, de				21 12 AM (COAS)			
BE	ES 9	Lahamir	10		29c. LICENSE NUM	BER		NED (Month, Day, Year)			
우	30. NAME AND ADDRESS OF PERSON WI							- 0 ,			
	MOHAMMAD OREIZ			o MARYLAI	ND GENER	AL HOSPITA	L				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN									
	APR 22 1993	Julia Varido >	Bank 00								



FOR STATE REGISTRAR

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RECORDS,	
VITAL B	
OF	
DIVISION	

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ATRICE

31. DATE FILED (Month, Day, Year)

APR 22 1993

1. DECEDENT'S NAME (First, Middle, 2. DATE OF DEATH IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9b. CITY TOWN OR LOCATION OF DEAT DIRECTOR 10c. CITY, TOWH OR LOCATION BOUTETOWNE Ball FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Moshee ST. 2511 W 21216 executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puarto Rican, etc.) 1 U YES 2 TANO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 Married BY 3 Vidowed 4 Divorced BE COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) tomemak 17. FATHER'S NAME (First, Middle, Last) te. MOTHER'S NAME (First, Middle, Majatin Surname) be notified at 19b. MAILING ADDRESS (Str 2 20a. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION must 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ozeph 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellura. List only one ceuse on each line. IMMEDIATE CAUSE (Fine) Failor disease or condition a. MULT. SYSTEM
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentielly fist conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Algheir 6R's 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending Investigation BY 1 YES 2 NO 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 8 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the beels of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Pring) 213248

SiD He on D

32. REGISTRAR'S SIGNATURE

Davidson-Randale

1000

CERTIFICATE OF DEATH

93 11633 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 3. TIME OF DEATH 13 8. BIRTHPLACE (State North 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 14. RACE — American Indian, Black, White, atc. B/ACK 16b. KIND OF BUSINESS/INDUSTRY Approximete Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

4. SOCIAL SECURITY NUMBER 214.01.2626 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give str DIRECTOR HARBOR HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY MARYLAND N/ permit. FUNERAL 10e. STREET AND NUMBER funeral director, page 5 should be detached for use as the burial-transit the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. By the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trand Mental Hyglene prior to burial, cremation, or removal. 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 X Widowed 4 Divorced COMPLETED Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last) JOHN BE notified 19a. INFORMANT'S NAME (Type/Print) å must 1 M Buriel 2 Cremation 4 Donation 5 Other (Specify) examiner medicai IMMEDIATE CAUSE (Final the disease or condition event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 6 MEDICAL e has been signed by the Dept. of Health and M m 23 shows any Inji INSTITUTE OR ATTENDING PHYSICIAN: The law requires that UNECTOR: After this certificate has been signed by within 72 hours after death with the State Dept. of Health an ANT: It Item 28 is marked, or Item 23 shows any i PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO 27. MANNER OF DEATH 1 Netural BY 2 Accident 3 Suicide 6 Could not be determined COMPLETED 4 - Homicide

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest) JOSIE

	STATE OF I	MARYLAND / CE	DEPAF ERTIF	RTMEN1	OF I	HEALTH DEA	AND TH	MENTAL HYGIEN		9	3 116	34
Lest) LE	E JOHN	SON						2. DATE OF DEATH DA	"21	YEAR 93	3. TIME OF DEATH	м
	5. SEX 1 M 2 F	6. AGE (In yrs. las	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE HOURS	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 08/22/190)2	Count	IPLACE (State or Foreign ry) yland	n
AL	treet and number)					OR LOCAT	ION OF DI	EATH	9c. COU	N/A	EATH	
				LTIM		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
					10	ZIP COD	F		40m CIT	TEN OF	ANIAT COUNTRIES	

1738 PATAPSCO STREET 21230 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) NONE SEAMSTRESS CLOTHING 18. MOTHER'S NAME (First, Middle, Maiden Surname) **BYUS** 0. ELLEN SHORTER 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) THERESA ELLEN STRASSER 102 N CRAIN HIGHWAY APT 892 GLEN BURNIE MD. 21061 METHOD OF DISPOSITION

Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, Stata 4/93 CEDAR HILL CEMETERY BROOKLYN PARK, MARYLAND 21. SIGNATURE OF MINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21061 SINGLETON FUNERAL HOME #1 SECOND AVE. S.W., GLEN BURNIE MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between Onset and Death PNEUMONIA (R) LOWER LOBE 4 DAYS OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuee given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? DEHYDRATION, ED ASCVD 1 YES 2 NO 1 YES 2 NO

26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 26b. TIME OF 28d. OESCRIBE HOW INJURY OCCUREO 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

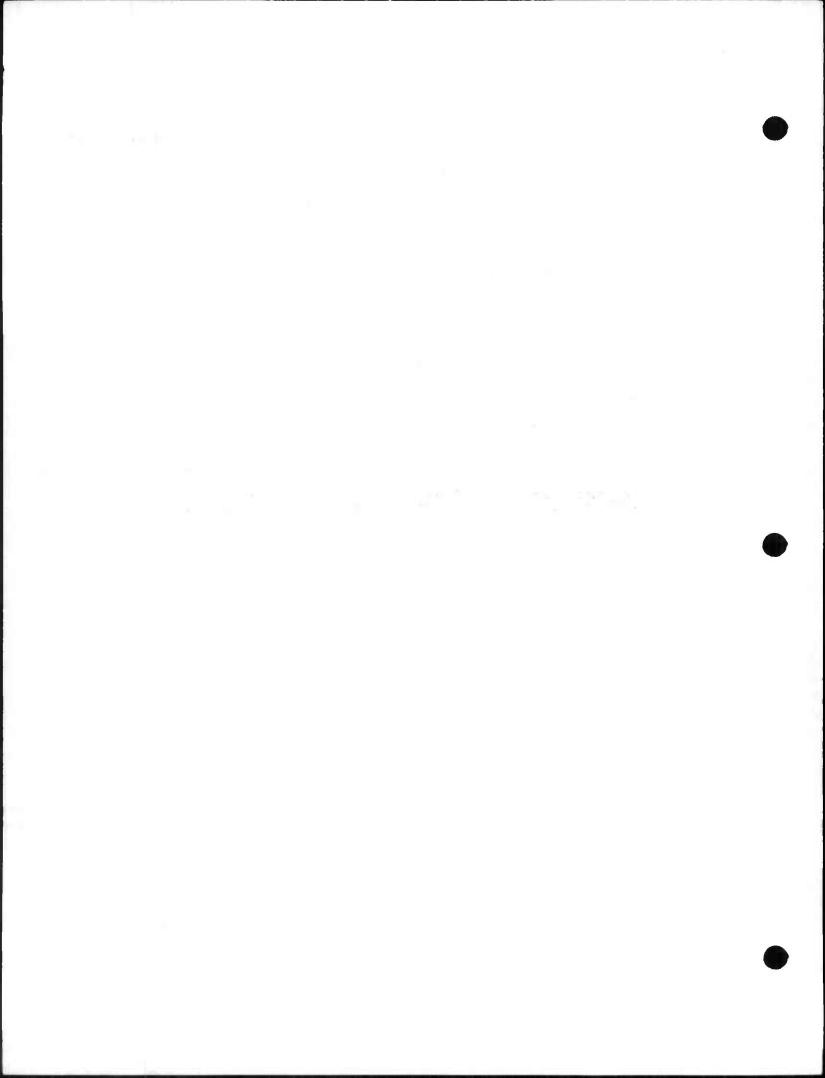
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WITO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

APR 22 1993 32. BESISTBAR'S STORATURE 4/2/193

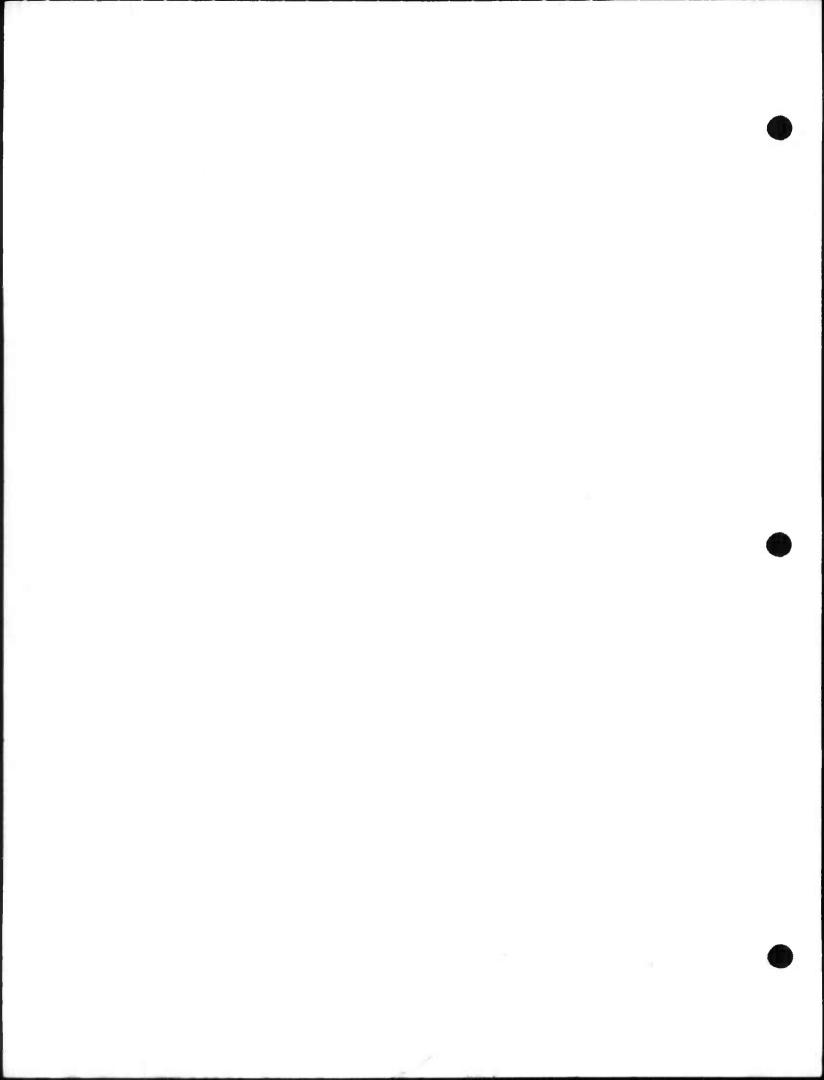
26f. LOCATION (Street and Number or Bural Boute Number, City or Town, State)

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	FOR	STATE OF M	ADVI AND /	DEDAD	TMENT	05.1	FAITH	AND I	ACMITAL HIMOLEN	-	93	11635
	1 - STATE REGISTRAR	SINIE OF M	CE	ERTIF	ICATE	OF	DEAT	TH	MENTAL HYGIEN REG. NO			
	DECEDENT'S NAME (First, Middle, Last)		rine M.	Jack	son				2. DATE OF DEATH POINTH 20	^* 19	gygar 3	. TIME OF DEATH
	4. social security number 215–22–8323	1)∑XM 2 □ F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 - 29 - 190	0	8. BIRTHPL Country)	S.C.
R	90. FACILITY NAME (# not institution, give st 3800 W. Belveder		nue				nore	ON OF DE	ATH	9c. COUN	TY OF DEA	тн
CTC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											
DIRECTOR	Md				k town o							Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3800 W. Belve	dere Ave	nue			101	2121			t0g. CITIZ	U S	AT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XX Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	MEO IO	- 11	yes, sp	ENDENT Code	F HISPAN n, Mexicer Specify	IC ORIGIN? (Specify Yes	or No—	14. RACE — Black, \ Specify:	- American Indian, White, etc. Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12) 7th	College (1-4 or 5 +)	(Gi	CEDENT'S ive kind of v Do NOT us	vork done d	CUPATIO	ON st of workin	g	16b. KIND OF BU	SINESS/INDU	JSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Pinkney Jackson								ME (First, Middle, Maiden Jackson	Surneme)		
10	190. INFORMANT'S NAME (Type/Print) Leroy Armstron	g	198	1900	Che	(Street e	nd Number		oute Number, City or Yow Saltimore,			
	20s. METHOD OF DISPOSITION 7 A Burlet 2 □ Cremetion 3 □ Remo 4 □ Donation 5 □ Other (Specify)	val from State	20b. PLACE A cometery, crea						0ATE 20c. LO 42693 Ran			
	21. SIGNATURE OF THERAL BEHVICE LICE	elfron)		22.1	Marc 430	h F/	H We	st h Avenue			
	23. PART I. Enter the diseases, or c shock, or heert failure. I	omplications that list only one caus	caused the de e on eech line	ath. Do n	ot enter	the mo	de of dyl	ng, auch	as cardiac or reapl	ratory arre	st,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	le	}	Co	100	re	~	a	Len	lise	lare	Onset and Death
z		DUE TO (OR AS A CONSEC	OUENCE OF	7):		/		/			1
CATIO	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC	UENCE OF	7):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	UENCE OF	7:							
II	PART ii. Other aignificent conditions	contributing to c	eath but not re	esulting l	n the unc	terlying	Cause g	iven in F	Part I. 24a, WAS AN	AUTOPSY	24b, W	ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							_	_	PERFOR		CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
Z												_ 120 2 _ 110
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER	:			ck only one)			
	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 I	JURY	26b. TIME	E OF	28c. INJI WO	JRY AT		Other (Specify) 28d. DESCRIBE HOW II	NJURY OCC	JREO	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF building, e	INJURY — At hor	ne, farm, ø	treet, fecto		ES 2	NO	261. LOCATION (Street e City or Town, State)	and Number o	or Rural Rout	te Number,
APLETI									o the ceuse(s) end man			
BE COMPL	29 MEDICAL EXAMINER 29L SIGNATURE AND TITLE OF CERTIFIER	On the basic of exa	mination end/or is	rveatigation	n, In my op	inion, de		od at the t				onth, Day, Year)
10 8	20. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	you	\ \frac{1270.03}{1270.03}	20		7	× 9	317	► X	121	193
	BORE 5 KE	Rank	12 C	(00		æ	0	60	RT B		BAG	UN COR
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31. DATE FILEO (Month/ Dey, Year)

1993

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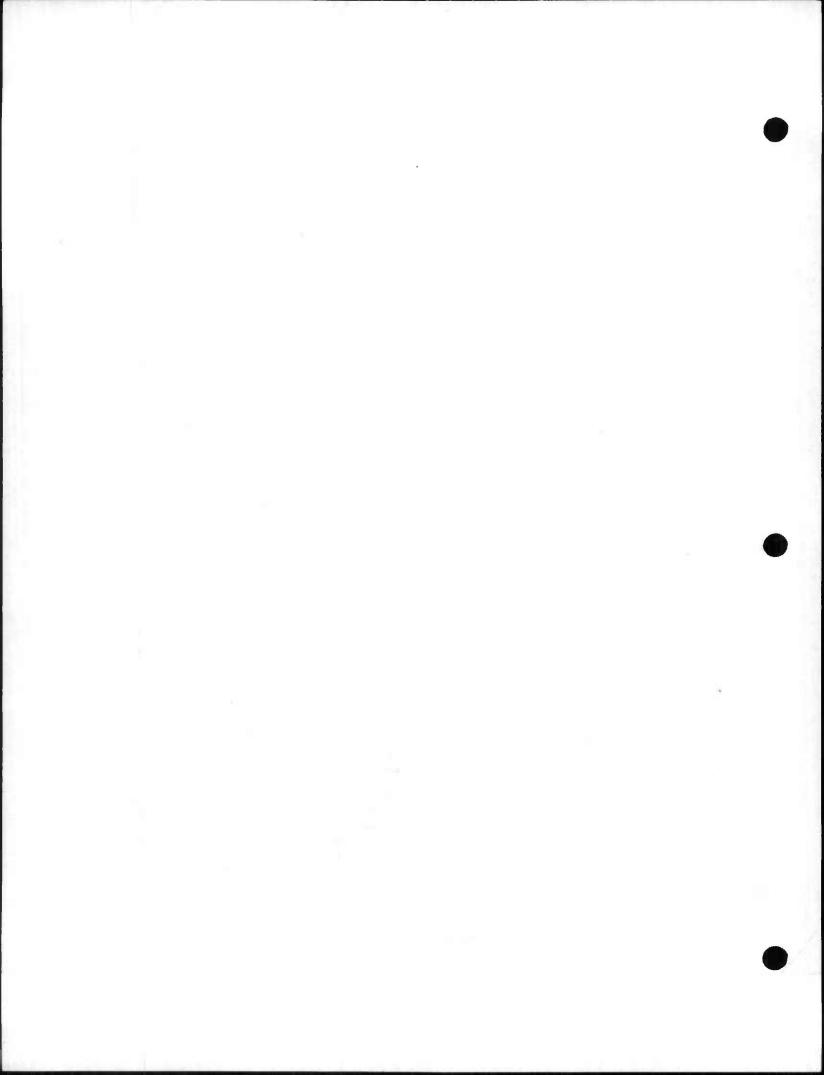
Ti Danie

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-i		
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by the hosp	be detache		at once.
e retained	e 5 should		notified
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24 hours aft	filled in by	on, or remo	he medica
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law require	as been sig	Jept. of Hea	23 shows
SICIAN: The	certificate h	the State	I, or Item
NDING PHY	I. After this	r death with	Is marked
IL DR ATTE	L DIRECTOR	2 hours afte	f Item 28
HE HOSPITA	HE FUNERA	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDE West, Middle, Last 2. DATE OF DEATH 1. TIME OF DEATH man YEAR nul Nathani 9 Johnson 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BURDA (Marin, Day, No. 6. AGE (In vrs. lest birthdev IF UNDER 1 YEAR IF UNDER 24 HRS. 24 DAYS HOURS 1X XM 2 | F 056-18-4782 69 4-14-93 Unk 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md Baltimore Y X YES 2 NO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? =1217 W. Lafayette Ave. 21217 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cube Specify: specia lack BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 th Unk. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE Unk Unk. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) $2\,1\,2\,1\,7$ 2 Ddrothu North Mt. Royal& McMecken Apt. 508 Johnson Bolton METHOD OF DISPOSITION
Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE cometery, crematory or other Garrison4-23-8 Owings Mills, Md. Forest Vet Donation 5 - Other (Specify) 22. NAME AND ADDRESS OF FACILITY 638 N. Gilmor St. 21217 21. SIGNATURE OF FUNERAL SERVICE LICES P . Wylie-Mortician Albert23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRI IMPLETION OF CAUSE DEATH? 1 YES 2 NO 25. WAS CASE REFERRED HOSPITAL EXAMINERY 1 YES 2 NO OTHER Z [] ERVO DOA er (Specify) 27. MANNER OF DEATH 284. DATE OF INJURY 28b. TIME OF 2Rc. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Meturel 1 YES 2 NO ВҰ 2 Accident 28s. PLACE OF INJUSTY -- At home, farm, street, factory, office 3 Dulcide 281, LOCATION (Street and Number or Rural Route Officer Street) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due 29b. SIGNATURE AND TITLE OF CERTIFIER BE mu 26720 2 30. NAME AND ADDRESS OF PERSON 21223 Max

DHMH-16 Rev 1/89

- 1	1. DECEDENT'S NAME (First,	Middle, Last)									DEATH			2 TIME OF DEATH		
-	MONTH DAY YEAR															
	4. SOCIAL SECURITY NUMB		-								3:37P M					
			5. SEX 6. AGE (In yrs. last 1√2 M 2 □ F 69		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)		PLACE (State or Foreign		
	215-18-38.	YRS.					09	09 1	923	Ma	ryland					
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH															
9			W. CHAR	LES SI		T	OWS	ON				BZ	ALTI	MORE		
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY			I	SECULATION OF LOCATION										
E					10c. C11	AT A STATE OF THE							10d. INSIDE CITY LIMITS?			
	MARYLAND	BAL	TIMORE					F	REIS	TERS	TOWN			1 YES 2 NO		
¥	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?		
FUNERAL	423 SACRE	D HEA	RT LANE					211	136							
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1	TEVER IN U.S. A	RMED					IC ORIGIN?		or No-	14. RACE	- American Indian,		
	1 Never Married 2 🔀			WAR OR DATES	NO		If yes, sp 1 YES	ecify Cube	in, Mexicai Specify	i, Puerto Ric	an, etc.)		Specif	, White, etc.		
В	3 Widowed 4 Divo	rced	WW	II		1		X						hite		
COMPLETED	15. DEC	EDENT'S EDUC	CATION Completed	16a. Di	ECEDENT'S	USUAL O	CCUPATI	ON	200	16b. K	IND OF BUS	INESS/IN	DUSTRY			
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	Sive kind of v Do NOT us	e retired.)	During Inc	AST OF WORKE	-9							
P P			2		Supe	rvis	or				Socia	1 Se	curi	ty		
ő	17. FATHER'S NAME (First, M	iddle, Last)						18. MOTI	HER'S NAI	ME (First, Mic	idle, Maiden	Sumame)				
BE C	James La	mbdin						M	arie	Raub	er					
	19a. INFORMANT'S NAME (7)		-	19	b. MAILING	ADDRES	\$ (Street i			loute Number,		n. Statu. Zi	in Code)			
2	Frances A.	Lambd	in											d. 21136		
1	20a. METHOD OF DISPOSITI			20b. PLACE							20c. LO					
	1XXBurial 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		ovel from State	cemetary, cri	ematory or o	ther placa)			/.	1						
	21. SIGNATURE OF FUNERAL		ENSEE A	Everg	Leen			ND ADDRE		24-93	FIL	IKSDU	irg,	Md.		
- 1	· P ()	D	10			TOTAL PO	NO ADDINE	33 OF FA	11	824 R	leist	erst	own Road		
	1	man	1 Now	ell		E	line	e Fun	eral	Home	Rei	ster	stow	n, Md.21136		
7	shock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)			ONIC R	ESPI		ORY	FAI	LUR	E				intarval Between Onset and Death		
CERTIFICATION	Sequentially list conditi if any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Inju	tlate NG		(OR AS A CONSE								1. 1/2.				
ERTIF	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE O	F):			·							
	PART ii. Other significa	nt condition	s contributing to	deeth but not	resulting	in the u	nderiyin	g cause (given in	Part i. 2	4a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
MEDICAL											PERFOR		1	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ā										— l¹	YES 2	□ NO		OF DEATH?		
										- D				1 YES 2 NO		
Z														Taranta and		
5	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Che	ck only one)						
YSI	1 TYES 2 NO		1 Inpatient 2	ER/Outpatient	B □ DOA			ne 5 🗆 Re	eldence	6 🗆 Other (Specify)			100		
BY PHYSICIAN:		Pending Investigation	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY M	W	JURY AT ORK? YES 2	NO NO	28d. DEŞCI	NBE HOW II	NJURY OC	CURED			
ED	3 Suicide 6	Could not be determined	28e. PLACE C building,	of INJURY — At he etc. (Specify)	ome, term, i	street, fac	tory, offic	a			ION (Street a Town, State)	nd Numbe	or Rumal R	oute Number,		
COMPLET	29a. CERTIFIER	when the same			Inex								0.0			
F	(Check only		CIAN: To the best of													
Ö	2 MEDI	CAL EXAMINE	R: On the basis of a	xamination and/or	Investigatio	n, in my	opinion, o	death occur	red at the	lime, data ar	nd place, an	d due to t	he cause(s)	and manner as stated.		
ш	SHE SHINATURE AND TITLE	OF CERTIPLE						29c. LICI	ENSE NUN	BER		29d, DA	TE SIGNED	(Month, Day, Year)		
0	TA	Oute	2 (ho				(D-	128	SU		•	4/22	-153		
2	10. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,	Print)		7					1			
	James Quin	lan. M	.D. 10	085 Red	Run	M il 1	Rd	0	พากด	s Mil	ls. M	d.	2111	7		
i	31. DATE FILED (Month, Day,	Year)		IR TOGRATURE	Itali .		164		.,6	0 1111						
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3. TIME OF DEATH

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. this c After t death TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: AND BE filed within 72 hours after de IMPORTANT: If Item 28 fs is

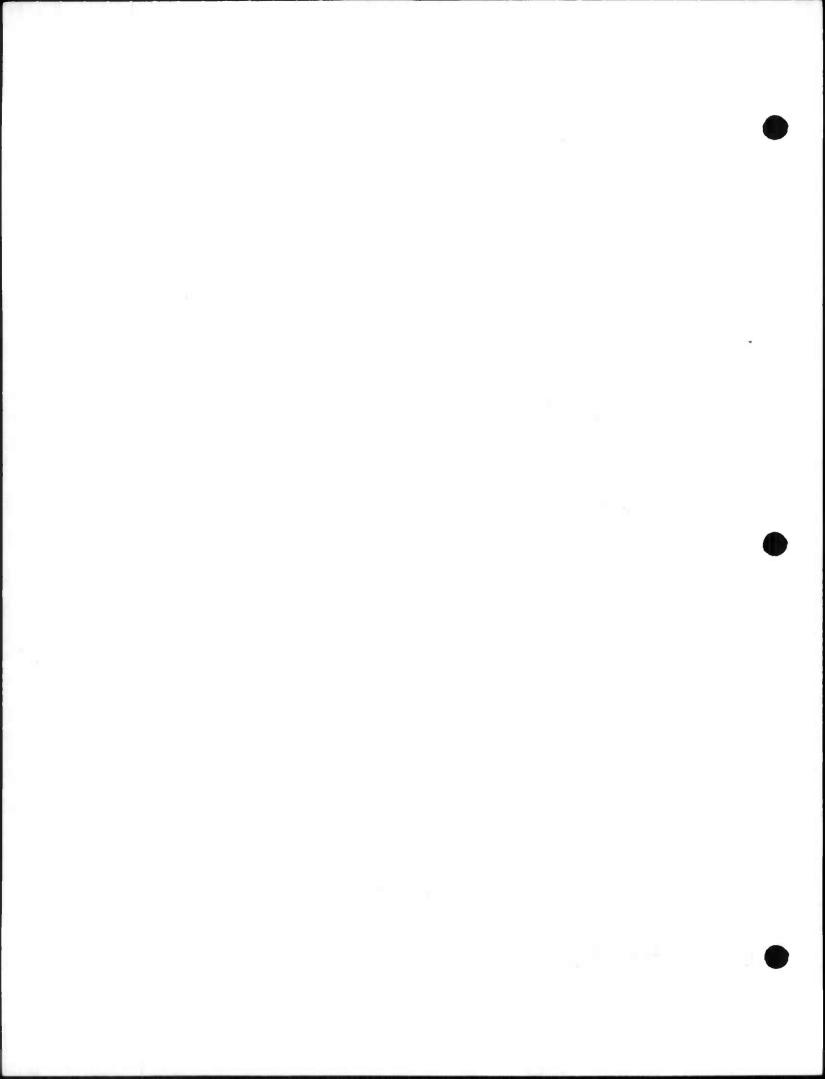
2. DATE OF DEATH MONTH DAY YEAR Bertrand Glenn Lathe 1993 April 20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Ybar) BIRTNPLACE (State or Foreign Country) 78 DAYS HOURS 1 🔀 M 2 🗆 F 213-03-9180 10 Maryland 9e. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4407 Deer Park Road Owings Mills Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Owings Mills 1 TYES 2 K NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 19g. CITIZEN OF WHAT COUNTRY? 4407 Deer Park Road 21117 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If was specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 1 NO 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried BY IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Spacify 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) 8 th Butcher Company Esskay 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Malden Sumame) Harry Edward Lathe BE Margaret 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Eleanor A. Lathe 4407 Deer Park Road Owings Mills, MD 21117 20e. METHOD OF DISPOSITION
1 GBurlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stete OATE Paran Cemetery 4/23 Randallstown, MD 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. tames 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition . BRAIN METASTASIS FROM MALIGNANT MELANOMA resulting in death) OUE TO (OR AS A CONSEQUENCE OF): MALIBNANT MELANOMA - CANCER CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ig Home 5 M Residence 6 □ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending trivestigation 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as atated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death tured at the time, date end place, end due to the ceuse(s) end manner ee stated. 29h. SIGNATURE AND TITUE OF CERTIFIER Do 8335 29d. DATE SIGNED (Month 4/21 ð 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) MARCOS Dr. Randallstown, MD Tepper 6 Barry Paul Road 31. DATE FILED (4 12. REGISTRAR'S SIGNAURE DE APR 22 1993



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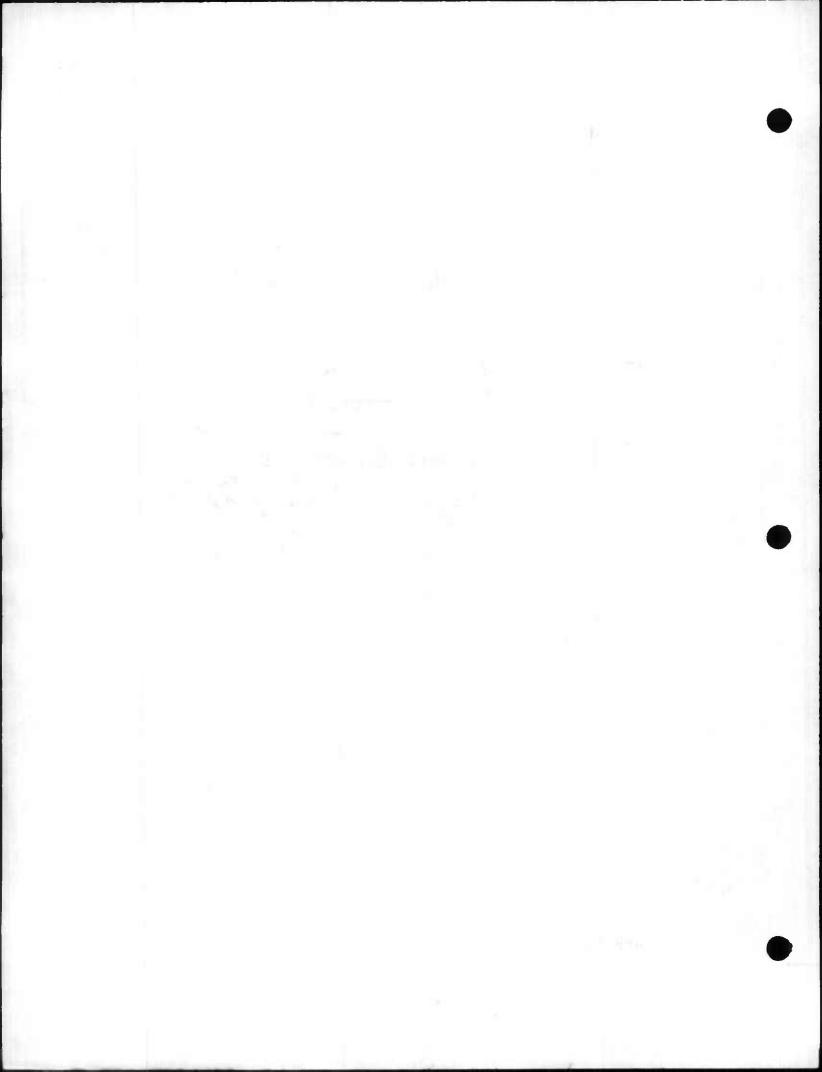
DIVISION OF VITAL RECORDS, P.O. BOX 68760.

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 17:36 M
P		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthday) F UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTY (Morth, Day, Year) VRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year)
2, 3 should	ron	98. FACILITY NAME (II not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH
t. Pages 1,	DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 STATE 10b. COUNTY Balto 10c. CITY ON OR LOCATION 10d. INSIDE CITY LIMITS? 1 STATE 10d. INSIDE CITY LIMITS?
020 physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 101. Wildwood Parkway 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 4 S. A
5-0020 nding physicia is the burial-tra	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married Specify Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 12. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No-Black, White, atc.) 1 YES 2 NO Specify: 13. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yes or No-Black, White, atc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc.
2121	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
MARYLAND retained by the hospit 5 should be detached notified at once.	COMPL	17. FATHER'S NAME (First, Middle Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname)
	TO BE	196. INEQPIMANT'S NAME (Reperpring) 196. MAILING ADDRESS (Street and Number or Parel Pouge Number, City or Rown, State, Zip Code) (10 (Wildwood Parkway Balk) and 21217
TIMORE, I n. Page 6 may be eral director, page 9 niner must be r		20a, METHOD OF DISPOSITION 1 Di Burlei 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Comment of Com
AL death fune		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wash F. (+, West Wash F. (+) West Unlabash Are
24 hours af filled in by tion, or remo		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abook, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):
P.O. BOX 68 th certificate be executeding physician and I Hygiene prior to bur	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Country Caused Due to (or as a consequence of): c. Due to (or as a consequence of): d. Pour Cl. d.
RECORDS equires that the often signed by the often Health and Me thows any injury	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 1 VES 2 NO 24b. WERE AUTOPSY FINDINGS ANIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
AL has be law Depr	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
Ked, page 9,	PHY	1 YES 2 NO Inpetient 2 ER/Outpatiant 3 DOA 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 North Nort
ISAC 28 is	TED BY	2 Accident investigation 3 Suicide S Could not be determined Set. (Specify) 28e. PLACE OF INJURY — At home, Isrm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, Isrm, street, factory, office City or Town, State)
로 크 오 노	COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Wohammy of scarfarazi Me 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month. Day, Year) 4 / 19/93
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) University of Mary and HOSP. Dr. Mahammad, Sarfaran 31. DATE BRIED MOON, Day, Year
14		31. DATE BLED HOW DOWN TO SIGNATURE FUND HOUSE SIGNATURE FUND HO



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEI	NTAL HYGIENE
 CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	93 11640					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH					
	Jean Macconal	<u>d</u>			04 2C	93 6:30 PM					
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign					
	054-22-3225	1 □ M 2 💢 F 87	YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year) 12-12-05	New York					
	9e. FACILITY NAME (If not Institution, give st	reet and number)	96	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF DEATH					
DIRECTOR	FAIRHAVEN 7200	Third Ave	. s	ykesville	c	Carroll					
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY					
H -	Md. Carr	011	Syke	sville		LIMITS?					
	10e. STREET AND NUMBER		Dine	101, ZIP CODE		1 X YES 2 NO					
FUNERAL	7200 Third Ave	niie		21784		USA					
Ž	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC OBIGINZ (Specify Ven o						
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuban, Maxic	an, Puerto Rican, etc.)	Black, White, etc.					
BY	3 Widowed 4 Divorced	IF 123, GIVE WAR ON DA	163	1 TES 2 NO Spec	my:	Specify: White					
COMPLETED	15. OECEDENT'S EDUC	ATION	16a. DECEDENT'S USE	JAL OCCUPATION	16b. KIND OF BUSIN						
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ine. Do NOT use re		-						
4P	12		HOI	memater	D	omestic					
ő	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Maiden Su	imame)					
	Howard Alexand	er			Armstrong						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rura							
5	Fairhaven			hird Avenue							
	20a. METHOD OF DISPOSITION	206.	PLACE AND DATE OF D			TION — City or Town, State					
	1 Buriel 2 Cremetion 3 Remo	val from State come	nery crematory or other	remation S	Double Line	1 1 110					
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE /	call off (ACILITY	lampstead, MU					
	> Valian de	0 2/2-1	+	22. NAME AND ADDRESS OF F	UNERAL HO.	ME (BOX 195)					
	· youano o	. xyaige	1	Sykesvil	10, MD 21	789					
	23. PART I. Enter the diseases, or combook, or heert feliure. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ist only one cause on ee	ch line.	etive pulm		Interval Batween					
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):		J						
PHYSICIAN: MEDICAL	PART II. Other significant conditions LUW-5 //	contributing to death bu	it not resulting in ti	ne Underlying couse given in	Pert I. 24s. WAS AN AU PERFORME 1 [YES 2]	ED? AVAILABLE PRIOR TO					
AN	25. WAS CASE REFERRED TO MEDICAL			04 PH 405 OF ACATH (0							
ᅙ	EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C							
≌ ا	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpe 26a. DATE OF INJURY		Nursing Home 5 - Residence							
	1 Return 5 Pending	(Month, Day, Year)	26b. TIME OF	WORK?	28d. DESCRIBE HOW INJU	URY OCCURED					
B	2 Accident Investigation	260 PLACE OF IN HIRV	At home form of the	M 1 YES 2 NO							
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY - building, atc. (Specif	y)	t, tactory, offica	26f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,					
۳	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my knowle	doe death occurred at	the tima, date and place, and du	to the same following						
١١											
. 11	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.										
8	THE OF SERVICES	700ml	Nerto	29c. LICENSE NU	7 7 0 2	9d. DATE SIGNED (Morgh, Day, Year)					
요	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF THE	TM (ITUM 27) (Type, Prin	0		7/21/7-					
	Ellis Mez	MD 164	15 LI+	erty Road	Floret	wro. M.D. Strand					
	APR 22 1993	32. REGISTRAR'S SIGNA	TURE	7 7 300	114070	1) / / / 2 / (4)					
	711 11 2 2 1555	U		*							



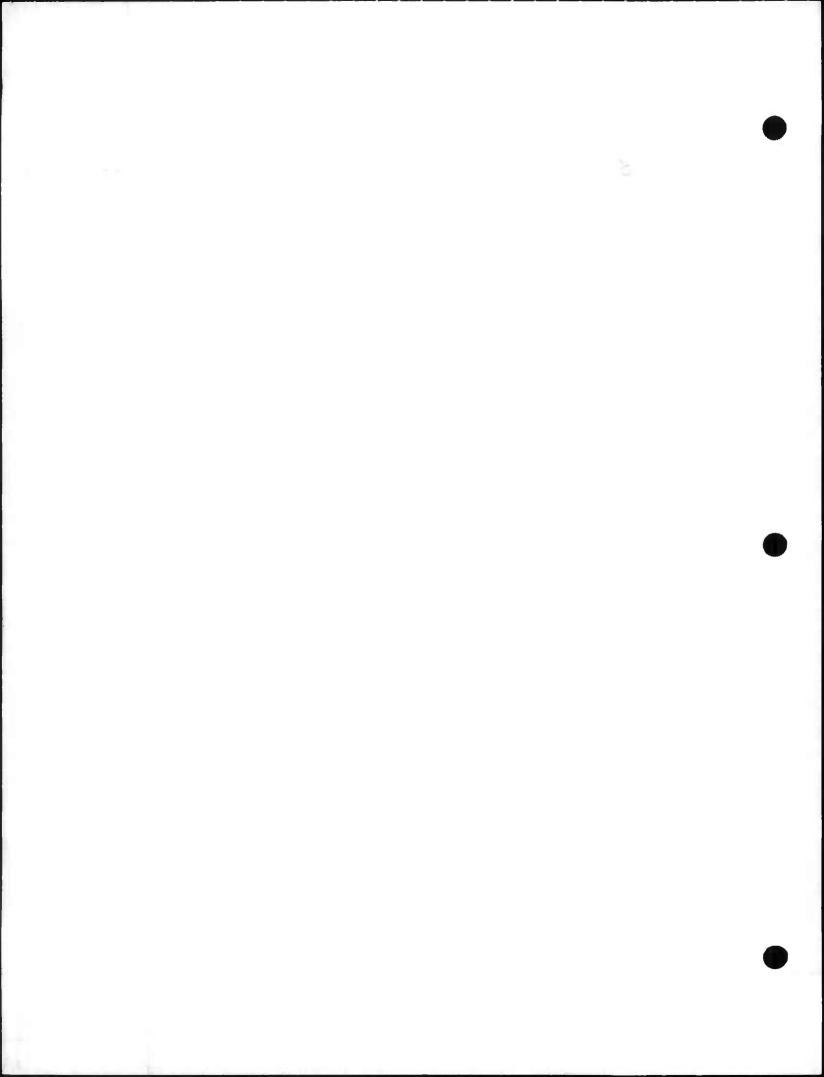
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S	NAME (First, Middle, Last)							-	2. DATE OF DE			3. TIME OF DEATH						
Jaso	n	Joe			N	els	on		0 4	1 9	1993							
	CURITY NUMBER	5. 9EX	6. AGE (In y	rs. last birthday	7	A 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BUR	TH								
281-7	8-6394	1 XM 2 - F	10	6 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day,	bar)	Coun	(ry)						
	AME (If not institution, give s	street and number)			9b. CIT	Y. TOWN	OR LOCATI	ON OF D	06/09/		COUNTY OF I	2010 M PLACE (State or Foreign) 10 EATH LCO 10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY? — American Indian, White, stc. White 801 vn, State S. C.						
Mt. H	erman Rd.	an Rd.(W) of Hobbs Rd Salisbury Wicomics																
RESIDENC	E OF DECEDENT							У			MTCOIII	100						
100. STATE	10b. COUNTY				TY, TOWN		ATION					10d. INSIDE CITY						
		mico		Sa	lisb	ıry						1 - YES 2 NO						
100. STREET A						10	01. ZIP CODI			10g	. CITIZEN OF	WHAT COUNTRY?						
Rt.	6, Box 214						2	1801	1		US	1						
Rt. 11. MARITAL ST		12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.	WAS DE	CENDENT O	F HISPAI	NIC ORIGIN? (Spec	Ify Yes or No	0- 14. RAC	E - American Indian,						
1 . 10	rried 2 Merried 4 Divorced	IF YES, GIVE					S 2 TYNO	Specif	in, Puerto Rican, e	tc.)	Spec							
	13/67						46					white						
Elementary/ 1 17. FATHER'S N	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	10	(Give kind of	work done	during m	ION lost of working	a	16b. KIND (OF BUSINES	S/INDUSTRY							
Elementary/	Secondary (0-12)	College (1-4 or 5	+)	me. Do NOT	use retired.))												
<u>}</u>	0			Stud	ent													
17. FATHER'S N	AME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle, A	faiden Surne	me)							
u Dana	Joe Nelson						De	bra	Burdge									
190. INFORMAN	IT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Number	or Rural I	Route Number, City	or Town, Stat	te, Zip Code)							
Dane	Joe Nelson			Old	Ocear	a Ci	ty Ro	ad,	Salisbu	ry, M	id. 21	1801						
20s, METHOD O	F DISPOSITION Gremation 3 G Remi	med from State	20b. PL	ACE AND DATE	OF DISPO	SITION (N	lame of		04/23	De. LOCATIO	N — City or To	own, State						
4 Donation	5 Other (Specify)	over more state	- Ror	ry, crematory or Shoa.	other place	anti	at Ch	. Cn	U4/23	Green	ville.	S. C.						
21. SIGNATURE	OF SUMERAL SERVICE LIC	ENSES /			22.	NAME A	ND ADDRES	S OF FA	CILITY			, b. o.						
 	/ /n.	1 1	1			-			an Funer									
	- uce	9-1-0	upos	eerly	15	695	Main	St.	, Elkrid	ige, N	1d. 2	1227						
23. PART 1. 8	inter the diseases, or o hock, or heart tallure.	Dmpilcetions the List only one cau	it csuised thuse on eech	e deeth. Do	not ente	r the m	ode of dyl	ng, suc	h se cerdlec or	reepirator	y errest,							
IMMEDIATE	CAUSE (Final	ė.			^													
disesse or co		m	ultex	ele 1/	me	vrio	_											
	,	DUE TO	(OR AS A CO	NSEQUENCE (7											
2		b.																
if any, leadin	Sequentielly list conditions, If any, leading to immediate																	
	Se. Enter UNDERLYING USE (Disease or Injury																	
that initiated	events	DUE TO	(OR AS A CO	NSEQUENCE (OF):													
resulting in o	leath) LAST	d																
	er significent condition	e contribution to	don't but		1													
1 A. T. II. <u>Gail</u>	argimicent condition	s contributing to	deeth but i	not resulting	in the u	nderlyin	ng cause g	iven in	Part I. 24s. W	AS AN AUTO		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO						
PART II. Other									— দ্বেণ	ES 2 N	0	COMPLETION DF CAUSE OF DEATH?						
É									_ ```			YES 2 NO						
<u> </u>																		
25. WAS CASE F EXAMINER?	REFERRED TO MEDICAL	110001111					LACE OF DE	ATH (Ch	eck only one)									
1 X YES		HOSPITAL:	ER/Outpatle	nt 3 🗆 DOA	OTHE	R: rsing Hon	ne 5 🗆 Re	sidence	6 X Other (Specif	wat s	scene							
25. WAS CASE F EXAMINERY 1 X YES 27. MANNER OF	DEATH	26e. DATE OF (Month, D	INJURY	26b. TII	WE OF	28c. IN.	JURY AT		26d. DESCRIBE									
	5 Pending investigation		1993		JURY M	1 🔲	ORK? YES 2X	NO	Drive	cin	211+0	tree impa						
2 Accider		26e. PLACE O	F INJURY -	Al home, farm,		tory, offic		^\	261. LOCATION (S									
4 🗌 Homick		bullaing,	stre						City or Town,	Stete)								
4 Homick 29e. CERTIFIER (Check only one)							_				Rd (I	V) of Hobb						
(Check only one)	1 CERTIFYING PHYSIC																	
3	2 MEDICAL EXAMINE		xamination en	d/or investigati	on, in my	opinion, o	death occur	ed at the	time, date and pla	ce, end due	to the ceuse(s) end menner es stated.						
29b. SIGNATURE	AND TITLE OF CERTIFIER	1 00					29c. LICE	NSE NUN	IBER	29d.	DATE SIGNED	(Month, Day, Year)						
	mis	L Chu	to mo				0	. C . N	M.E.	•	04 20	1993						
30. NAME AND	ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	s, Print)	_		U . 1	<u> </u>			2 1775						
Denn	is J. Chut	e. MD.		111 0	enn	C+-	rant	D.	altimo	CO 1	(n m · · 1 ·	and 21201						
	(Mohth, Dāy, Year)	32. Figigistra	R'S SIGNATU	RE		<u> </u>	LUCL		41 L 1 (((O)		Talyli	and 21201						
A.	PR 2.2 1983	Julio	Sandan	- Rusar	-													

11642 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. MARGARET OGDEN 2. DATE OF DEATH 04-20-1993 04 10 8. AGE (In yrs, lest birthdey)
YRS. 7. DATE OF BIRTH (Month, Day, You IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE /State 1 M 2 05/241 Pa-No use as the burial-transit permit, Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Center nvalescent Anne DIRECTOR Arunde 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL CROFTON 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2131 DAVIDSONVILLE ROAD 21114 U.S.A. executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 1 TYES 2 X NO Specify Specify: WHITE 3 📉 Widowed 4 🗌 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) director, page 5 should be detached for UNKNOWN LEGAL SECRETARY 12 LAW OFFICE once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at UNKNOWN UNKNOWN UNKNOWN UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) CECILIA INSLEY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AGENT FOR GILL COCHRAN, ESO 116 B.CATHEDRAL STREET, ANNAPOLIS, MD 21401 90 20a. METHOD OF DISPOSITION
1 Burlel 2 A Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 463 METRO CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE, MARYLAND medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME the funeral 21061 SECOND AVE. S.W., GLEN BURNIE. MARYLAND The the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List drift one cause on card line. completely filled in by ial, cremation, or remo Approximate hock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final **Onset and Death** the disease or condition or other traumatic event, resulting in death) DUE TO OF A has been signed by the attending physician and con Dept. of Health and Mental Hygiene prior to burial, coclerate U. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 | YES 2 | MG OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Heal DIRECTOR: After this certificate hours after death with the State EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER 1 YES 2 NO e 5 - Residence 8 - Other (Specify) 4 DHITE 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident 26s. PLACE OF INJURY — building, etc. (Specify) At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 COMPLETED 8 Could not be 28 4 Homicide Hem 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. BE 単層 8 2 0 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2106 MAX RANK 31. DATE FILED (Month, 32, REGISTRAR'S SIGNATURE 1993 22



1 - FOR STATE REGISTRAR	STATE STATE OF MANTLAND / DEPARTMENT OF REALIH AND MENTAL HYGIENE										
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH 3. TIME OF DEATH							
JACQUELINE	E. REID					APRIL	3:25 a M				
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthde	y) IF UNDE		F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	r)	8. BIRTHI	PLACE (State or Foreign		
577-38-4585		66 YRS	3. MONTHS	DAYS	IOURS MIN.	9 22			nington, D		
9a. FACILITY NAME (If not institution, give a MARYLAND GEN	,	n A T			LOCATION OF DI			INTY OF DE			
RESIDENCE OF DECEDENT	ERAL HUSPII	AL	ВА	LTIMU	RE CITY		BA	TTIMO	ORE CITY		
10e. STATE 10b. COUNT	Υ	10c.	CITY, TOWN	OR LOCATIO	N				10d, INSIDE CITY		
Maryland			Ra1+	imore					LIMITS?		
10e. STREET AND NUMBER	Baltimore 101. ZIP CODE						10g. CIT	HAT COUNTRY?			
1806 Etting St	reet				21217			USA			
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	ER IN U.S. ARMED	13.	WAS DECEN	NDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - Amer				- American Indian, White, etc.		
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O			If yes, specify Cubin, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				Specify: Black			
15. DECEDENT'S EDU	CATION	He DECEDEN	770 1101111 0	DOCUMENTON				<u> </u>			
(Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDEN' (Give kind Iffe. Do NO	of work done T use retired.)	during most	of working	16b. KIND OF	BUSINESS/IN	DUSTRY	-		
Estimation y/Secondary (0-12)	College (1-4 or 5+)			leane							
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Ma	iden Sumame)				
William Ander	son					a Rideo					
19a. INFORMANT'S NAME (Type/Print)		19b, MAIL	INQ ADDRES	SS (Street and		Route Number, City or		ip Code)	20020		
Ruth R. Cason						E. Wash					
20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rem		201 01 405 4115 54	TE OF 01000	OPTIONI (A)	-4		1.00171011				
4 Donation 5 Other (Specify)	oval from State	Baltime	or other placa, ore l	Natio	nal C	4/22/93	timor	e. N	faryland		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22.	. NAME AND	ADDRESS OF FA	CILITY			Culloh ST		
story 4	ann			Chatm	an-Ha	rris F/			re,Md2121		
23. PART I, Efter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	cHRONIC O	n each iine.	VE PU				espiratory ar	rrest,	Approximate interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A		FAILU or):	RE							
PART II. Other aignificant condition	e contributing to deet	th but not resultin	ng in the u	nderlying c	ause given in	PER	S AN AUTOPSY FORMED? S 2 NO	1	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		E QF DEATH (Ch	eck only one)					
1 TYES 2 TO NO	Kinpetient 2 - ER/C		4 🗆 Nu		5 🗆 Residence	6 Other (Specify)					
27. MANNER OF DEATH 1 ☑ Natural 5 ☐ Pending	28a. OATE OF INJUI (Month, Day, Yes		TIME OF INJURY	28c. INJUR WORK	?	28d. DESCRIBE HO	OO YRULNI WO	CUREO			
2 Accident Investigation	ition				2 NO						
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	CIAN: To the best of my kr								and manner ee stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				2	29c. LICENSE NUMBER			29d. DATE SIGNEO (Month, Day, Year)			
GHASSAN HADDAD	. M.D.	c/o MAR		GENE	RAL HOS	PITAL					
APR 22 1002	32. REGISTRAR'S S										

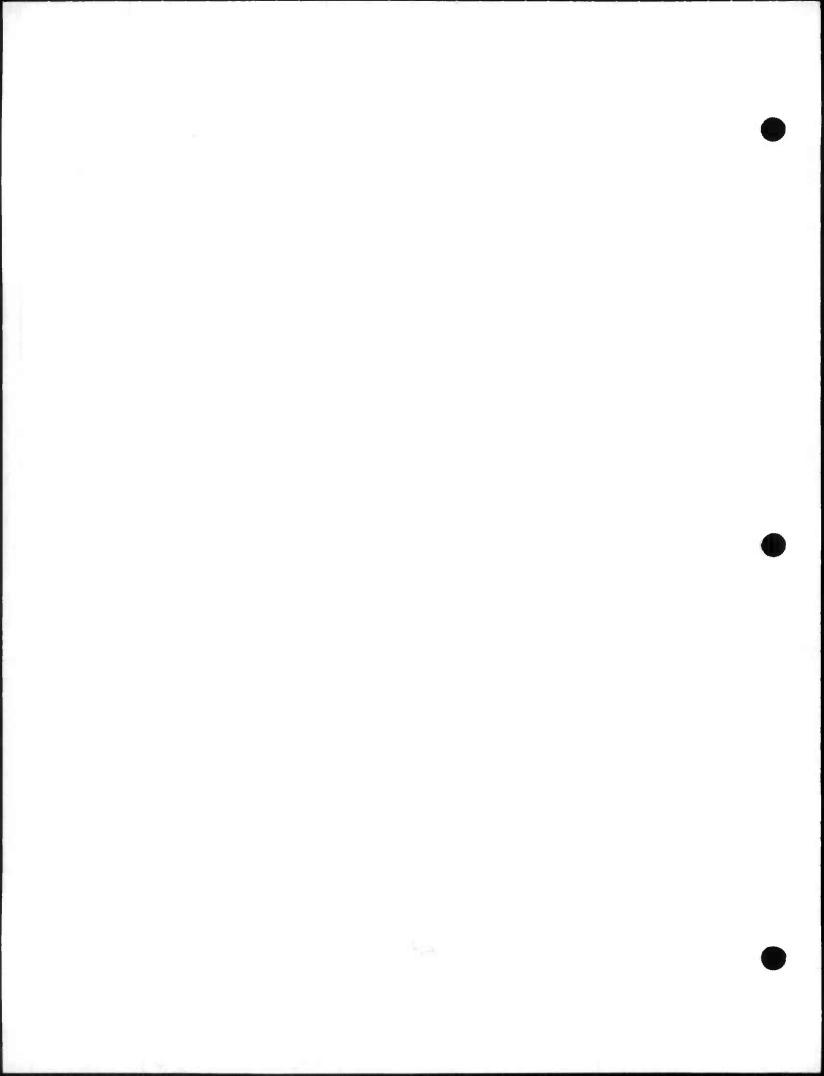
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR



TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	MENT OF I	EALTH AND	MENTA	L HYGIEN		1 1	044	
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH		yean 3. T	IME OF DEATH	
	TOSEPHINE RIDGLEY					- 19	- 73	3	м	
212-69-3214	□ M 2 汉 F 7		UNDER 1 YEAR HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Moat)	OF BIRTH	18	MARY	E (State or Foreign	
9e. FACILITY NAME (If not institution, give street		96.	L CITY, TOWN (OR LOCATION OF D	_		_	Y OF DEATH		
904 FRANKLINTO	WN ROAD		BALT	IMORE						
10a. STATE 10b. COUNTY		10c. CITY, π	DWN OR LOCAT	TION				10d.	INSIDE CITY	
MD.	DAUTIMORE						1 🔯	VES 2 NO		
904 N. FRANKLTI	NTOWN ROA	ח	101	21216			10g. CITIZE	N OF WHAT		
11. MARITAL STATUS 12	ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS D								USA merican Indian, ite, etc.	
3 Wildowed 4 Divorced	IE VEC CIVE WAR OR CATE			1 TYES 2 NO Specify:			Specify:			
16, DECEDENT'S EDUCATI	ion	18e. DECEDENT'S USU	JAL OCCUPATION	ON:	BLACK					
(Specify only highest grade com	npleted) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	done during mo- tired.)	st of working	100.	. KIND OF BOX	INESS/INDUS	THY		
		CUST	ODIAN		LAUNDRY					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	NAME (First, Middle, Melden Surneme)					
JOHN OSCAR FI	REDERICK					ARDNE				
190. INFORMANT'S NAME (Type/Print)					ROAD, BALTO, MD 21216					
VERONICA LEWIS 200, METHOD OF DISPOSITION	20h	.PLACE AND DATE OF DIS								
1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from Stata come	etary, crematory or other p	placal		OATE		CATION — CITY			
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	The state of the s	22. NAME AN	D ADORESS OF FA	ACILITY		TO,CO			
Loseph S.	Pun!		JOS	EPH L. NORTH	RUSS	FUN	ERAL	HOME	1216	
23. PART I. Enter the diseases, or com	iplications that caused	the death. Do not a	entar the mo	de of dying six	h an card	E . DE	LIC, F	ID. Z		
ahock, or haart failura. List IMMEDIATE CAUSE (Final	only one cause on as	ich lina.		na or alimar con	off de out	ildo Or reapi	alory arres		Approximata Interval Batween	
disease or condition resulting in death)	disease or condition and court a forman (abd or in and)									
1000ming in Guarry	DUE TO (OR AS A	CONSEQUENCE (F):		******						
Sequentially list conditions, 6.	Sequentially list conditions, My parties OUE TO (OR AS A CONSEQUENCE OF):									
if any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or Injury that Initiated events		CONSEQUENCE OF):	4							
resulting in death) LAST								į		
PART II. Other significant conditions co	antributing to death by	A not received to the	-d-alide					+		
PART II. Outai significant conditions co	ontributing to death bu	it not resulting in the	a undarlying	cause givan in	Part I.	24a. WAS AN		AVAIL	AUTOPSY FINDINGS ABLE PRIOR TO	
	1 🗆 YES 2 🗷 NO								PLETION OF CAUSE EATH?	
					_			1 🗆	YES 2 1 MO	
25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	ack oak oos	.1				
	OSPITAL: Inpatient 2 ER/Outpa		HER:	5 Residence						
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	JRY AT			JURY OCCUR	ED		
1 Netural 5 Pending 2 Accident Investigation	(morally way, rous,	injon:	M 1 Y	ES 2 NO						
3 Suicide 8 Could not be	28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)				28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
20-0577575										
29s. CERTIFIER (Check only one)	: To the beat of my knowle	idge, death occurred at r	the time, date	and place, and due	to the caus	e(e) end men	ner se stated.			
2 MEDICAL EXAMINER: Or	n the basis of examination	and/or investigation, in	my opinion, de	ath occured at the	time, data a	and place, and	due to the ce	ause(s) and r	nanner se atated.	
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE					and britz ordings (mornin, buy, n				n, Day, Year)	
					865		+	/21/	93	
km 206.	, 8M			treet		Balt	md	121	20/	
APR 22 1993 Julie	Davidson Rand	TURE	79			<u> </u>	-		-	

Joseph S. Kew

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rSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa In the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	A series And the series are the series and the series and the series are the series and the series and the series are the seri
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h certific	ending pl Hygiene	
e deat	Mental	
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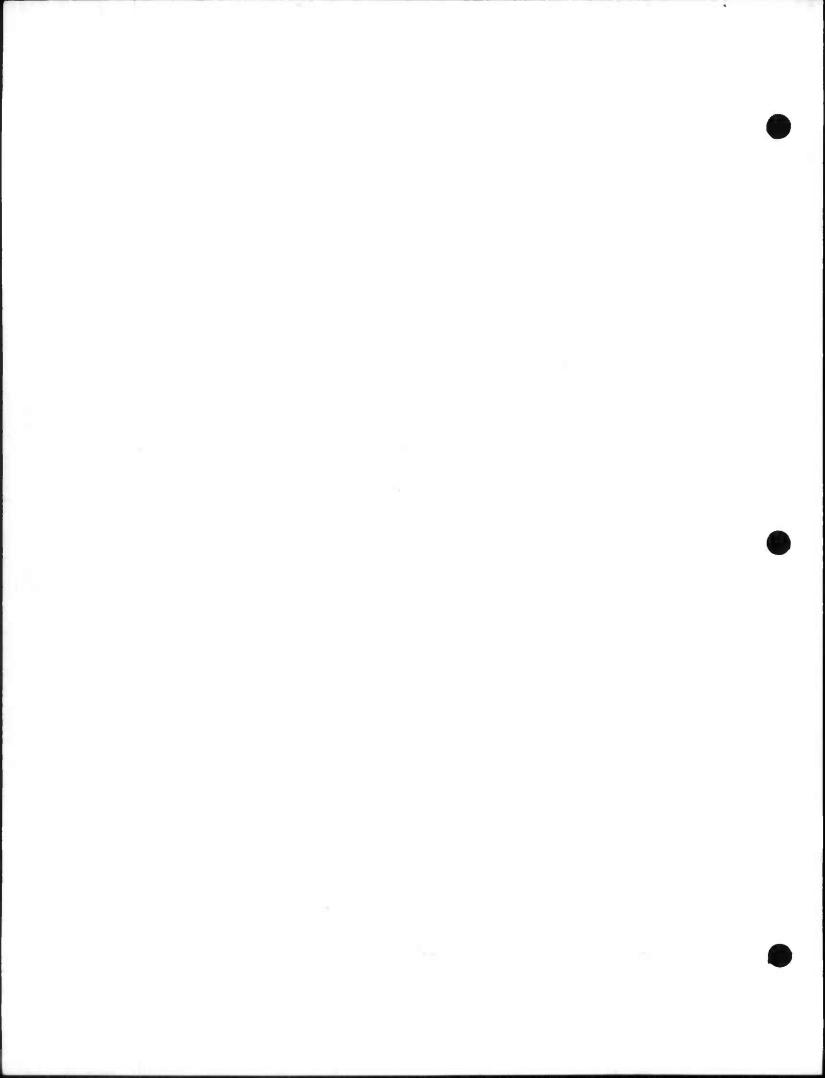
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

iges 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			NTAL HYGIEN	E	11043
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF OEATH		3. TIME OF DEATH
	Hugh D.	Sharpe				4 16		
	4. SOCIAL SECURITY 5247	5. SEX 6. AGE (F UNDER 1 YEAR		DATE OF BIRTH	8. 6	HRTHPLACE (State or Foreign
1	245-18- 5249	1 🔀 M 2 🗆 F	69 YRS. M	ONTHS DAYS	HOURS MIN.	Month, Day, Year)		rth Carolina
	9a. FACILITY NAME (If not institution, give s	street and number)		b. CITY, TOWN C	R LOCATION OF DEATH	7 71	9c. COUNTY	
DIRECTOR	3666 Forest Hi	ill Road					Balt	imore
1 2	10a. STATE 10b. COUNTY	Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
ā	Maryland Bal	Ltimore						LIMITS?
AL	10s. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
len l	3666 Forest H	Hill Road			21207		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPANIC O		or No- 14.1	RACE — American Indian, Black, White, etc.
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	ATES		2 D NO Specify:	arto Hican, etc.)		Specify:
	15. OECEDENT'S EDU	WW2		1				Black
1	(Specify only highest grade	completed)	(Give kind of wor life. Do NOT use r	k done durina mo	N st of working	16b. KIND OF BUS	INESS/INDUST	PY .
12	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPLETED	8th Grade 17. FATHER'S NAME (First, Middle, Last)		Truck I	river	18. MOTHER'S NAME (F			
	Eugene Sharpe					Latten	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING AL	DDBESS /Stmat a	nd Number or Rural Route		0-1-7-0-4	01000
임	Lillie B. Shar							
	20a, METHOD OF DISPOSITION	206	PLACE AND DATE OF				ATION - City	, Maryland
	1 Buriel 2 Cremation 3 Rem	oval from State ceme	etery, cremetory or other	r place)	4,	20/93	ATION — City (or lown, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	≠yisex	edar Hil	22. NAME AN	D ADDRESS OF FACILIT	<u> </u>	oklyn 701	Maryland
ΙI	· Daray of	and in		(1) = h				CCulloH St.
\vdash	22 PADT I Enter the discourse							ore, Md 2121
	23. PART I. Enter the diseases, or cashock, or heart failure.	complications that caused Liat only one cause on ea	the death. Do not schillne.	enter the mo	de of dying, such as	cardiac or reapl	atory arrest,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	1. 1	10	N	0			Onset and Death
	resulting in death)	· Mul	lyple	Thye	lome			2 mout
		DUE TO (OR AS A	CONSEQUENCE OF):	2	6			-11
NO I	Sequentially list conditions,	b. DUE TO (OR AS A	CONSEQUENCE OF):	aren	John L			Emma
A	if any, leading to immediate cause. Enter UNDERLYING	(on or or y.					
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	-				
CERTIFICATION	resulting in death) LAST							į J
ᄬ		0,						
AL	PART II. Other significant condition	a contributing to death bu	ut not resulting in	the underlying	cause given in Part	I. 24a. WAS AN	WTOPSY MED?	24b. WERE AUTOPSY FINDINGS
DICAL	PART II. Other significant condition	a contributing to death bu	ut not resulting in	the underlying	cause given in Part	İ. 24a. WAS AN PERFOR 1 — YES 2	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other significant condition	a contributing to death be	ut not resulting in	the underlying	cause given in Part	PERFOR	WED?	AVAILABLE PRIOR TO
IN: MEDICAL		a contributing to death bo	ut not resulting in	the underlying	cause given in Part	PERFOR	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	cause given in Part	PERFOR	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PL		PERFOR 1 YES 2	WED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		26. PL OTHER: Nursing Home Nursing Home WO	ACE OF DEATH (Check or	PERFOR 1 YES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	atlent 3 DOA 4	26. PL PTHER: Nursing Homo Nursing Homo Y M 1	ACE OF DEATH (Check or 5	PERFOR 1 YES 2 Inly one) Other (Specify)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY	at home, farm, stre	26. PL PTHER: Nursing Homo Nursing Homo Y M 1	ACE OF DEATH (Check of 5) Soldence 8 JRY AT 28d	PERFOR 1 YES 2 Inly one) Other (Specify)	HAND OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	at home, farm, stre	26. PL PTHER: Nursing Homo Nursing Homo Y M 1	ACE OF DEATH (Check of 5) Soldence 8 JRY AT 28d	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN	HAND OCCURE	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Speci	atlent 3 DOA 4 28b. TIME C INJUR — At home, farm, stre	26. PL DTHER: Nursing Hom Nursing Hom Y M 1 V WO 1 V et, factory, office	ACE OF DEATH (Check or 5 Desidence 8 Desid	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	JURY OCCURE In Number or Runner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building; etc. (Speci	atlent 3 DOA 4 28b. TIME C INJUR — At home, farm, stre	26. PL DTHER: Nursing Hom Nursing Hom Y M 1 V WO 1 V et, factory, office	ACE OF DEATH (Check or 5 Desidence 8 Desid	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	JURY OCCURE In Number or Runner as stated.	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building; etc. (Speci	atlent 3 DOA 4 28b. TIME C INJUR — At home, farm, stre	26. PL DTHER: Nursing Hom Nursing Hom Y M 1 V WO 1 V et, factory, office	ACE OF DEATH (Check or 5 Desidence 8 Desid	PERFOR 1 YES 2 Other (Specify) DESCRIBE HOW IN LOCATION (Street a City or Town, State)	JURY OCCURE In Number or Recovery as stated, In the case	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 4 Homicide detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Clans: To the best of my knowled) R: On the basis of examination	atient 3 DOA 4 28b. TIME C INJUR — At home, farm, stre british and the course of a end/or investigation, in the course of the	28. PL THER: Nursing Hom DF Y M 1	ACE OF DEATH (Check or programme) S Desidence 6 DIRY AT 28d RR? ES 2 NO 28f. and place, and due to the sth occured at the time, 29c. LICENSE NUMBER	PERFOR 1 YES 2 Other (Specify) DE\$CRIBE HOW IN LOCATION (Street a City or Town, State) e cause(a) and man date and place, and	JURY OCCURE In Mumber or Ri There as stated, due to the cau. 29d. DATE SIG	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D Jural Route Number, NED (Month, Day, Year)
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Clans: To the best of my knowled) R: On the basis of examination	atient 3 DOA 4 28b. TIME C INJUR — At home, farm, stre british and the course of a end/or investigation, in the course of the	28. PL THER: Nursing Hom DF Y M 1	ACE OF DEATH (Check or programme) S Desidence 6 DIRY AT 28d RR? ES 2 NO 28f. and place, and due to the sth occured at the time, 29c. LICENSE NUMBER	PERFOR 1 YES 2 Other (Specify) DE\$CRIBE HOW IN LOCATION (Street a City or Town, State) e cause(a) and man date and place, and	JURY OCCURE In Mumber or Ri There as stated, due to the cau. 29d. DATE SIG	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D D Jural Route Number, NED (Month, Day, Year)
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3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

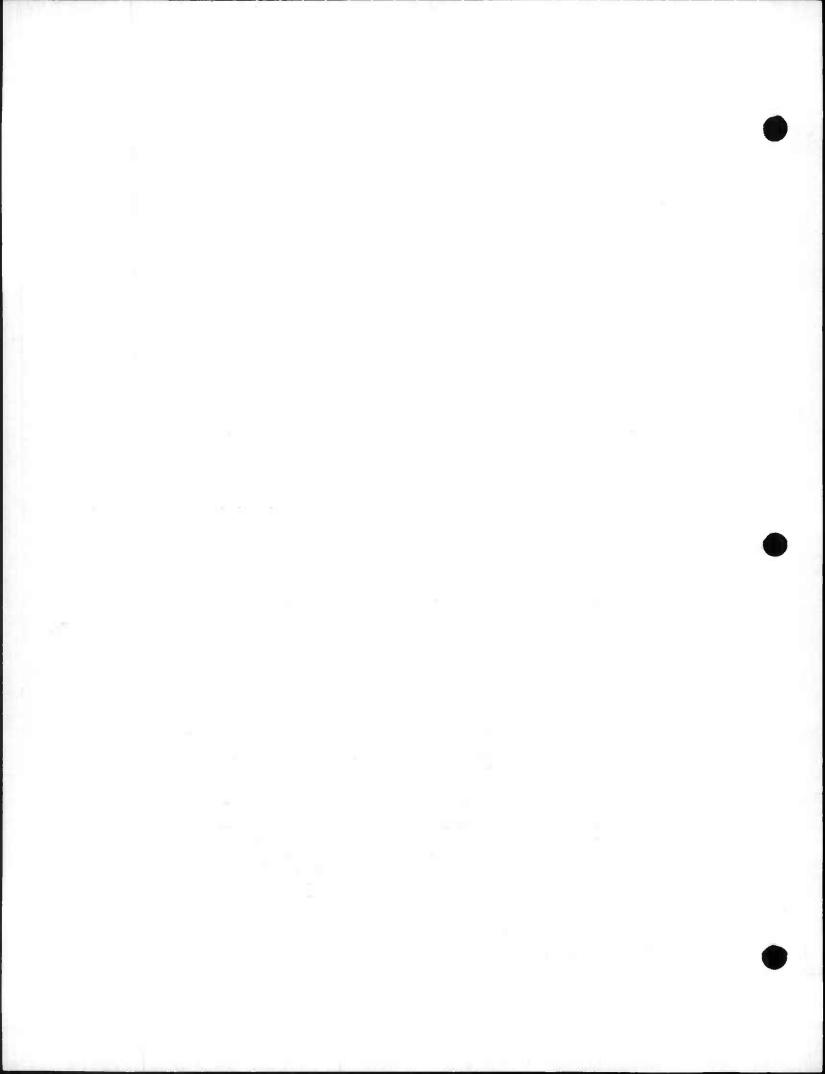
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DAY YEAR DARIUS SELDOMRIDGE DALE 1993 04 19 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 61 219-28-4285 11 M 2 F YRS. 5-26-31 WEST VIRGINIA use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE N/A RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE LANSDOWNE 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2400 TIONESTA ROAD, APT. 3B 21227 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: WHITE 3 Widowed 4 Divorced KOREAN COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY for Elementary/Secondary (0-12) College (1-4 or 5+) CARPENTER detached STATE OF MARYLAND 5 NONE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) 20 Ti UNKNOWN ALMA UNKNOWN BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 LENA G. SELDOMRIDGE 2400 TIONESTA ROAD, APT. 3B, LANSDOWNE, MD. 21227 Pe 20a. METHOD OF DISPOSITION
1 □XBurial 2 □ Cremation 3 □ Rer 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must funeral director, 4/23 4 ☐ Donation 5 ☐ Other (Specify) MARYLAND VETERANS CEMETERY CROWNSVILLE, MARYLAND event, the medical examiner 21. SIGNATURE OF PÜNERAL SERVICE-LICENSEE SINGLETON FUNERAL HOME SECOND AVE., S.W., GLEN BURNIE, MD. 21061 the attending physician and completely filled in by the cremation, or removal, 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart feilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** Motostotic Caranoma ~ 3 MOS within resulting in death) DUE TO (OR AS A CONSEQUENCE OF) executed prior to burial, Colon Concer ~/8 MOS traumatic CERTIFICATION Sequentially list conditions. DUE TO JOR AS A CONSEQUENCE OF If any, leading to immediate 9 cause. Enter UNDERLYING death certificate CAUSE (Disease or Injury other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? that the 24b. WERE AUTOPSY FINDINGS een signed by the Hyperlipid omba O had caranoma AVAILABLE PRIOR TO any **COMPLETION OF CAUSE** 1 YES 2 100 HOSPITAL OR ATTENDING PHYSICIAN: The law requires Shows . Depundence 1 YES 2 NO certificate has been the State Dept. of 1 25. WAS CASE REFERRED TO MEDICAL PHYSICIAN: 23 26. PLACE OF DEATH (Check only one) tem EXAMINER? HOSPITAL OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 the 27. MANNEB OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED MICH is marked, this 1 Natural 5 Pending 1 YES 2 NO DIRECTOR: After the hours after death v BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 200 4 Homicide Hame Item 29e. CERTIFIER (Check anily (Ch THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end menner ee stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 27556 mmy 15 all m 4/20/93 9 RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TAYLOR, MD 4660 WILKENS AVE. /#206 GREGORY L. BALT. MD. 21229 APR 22

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

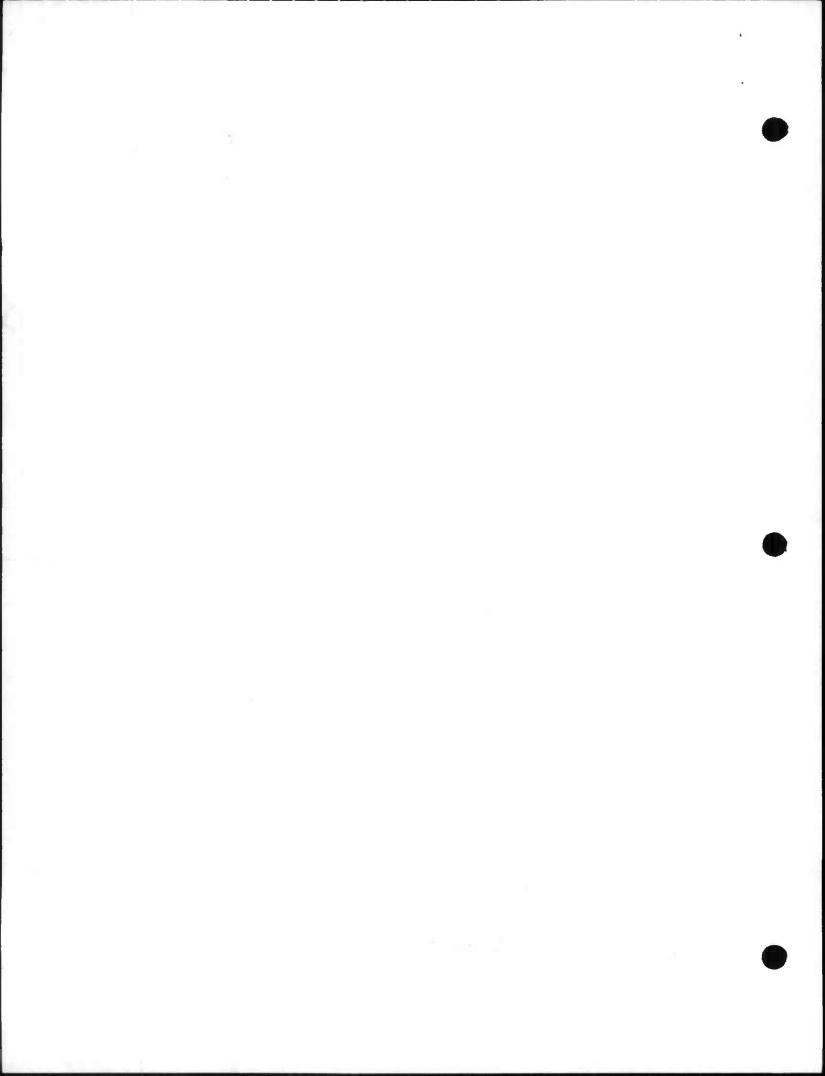
CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, I	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending three.	ours after death. Page 6 may be	retained by the hospital or att
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-be filed within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burlal, cremation, or removal.	I in by the funeral director, page 5 or removal.	5 should be detached for use a
IMPORTANT: If item 28 is marked, or item 23 shows env inlury, or other traumatic event, the medical examiner must be notified at once.	medicel examiner must be n	notified at once.

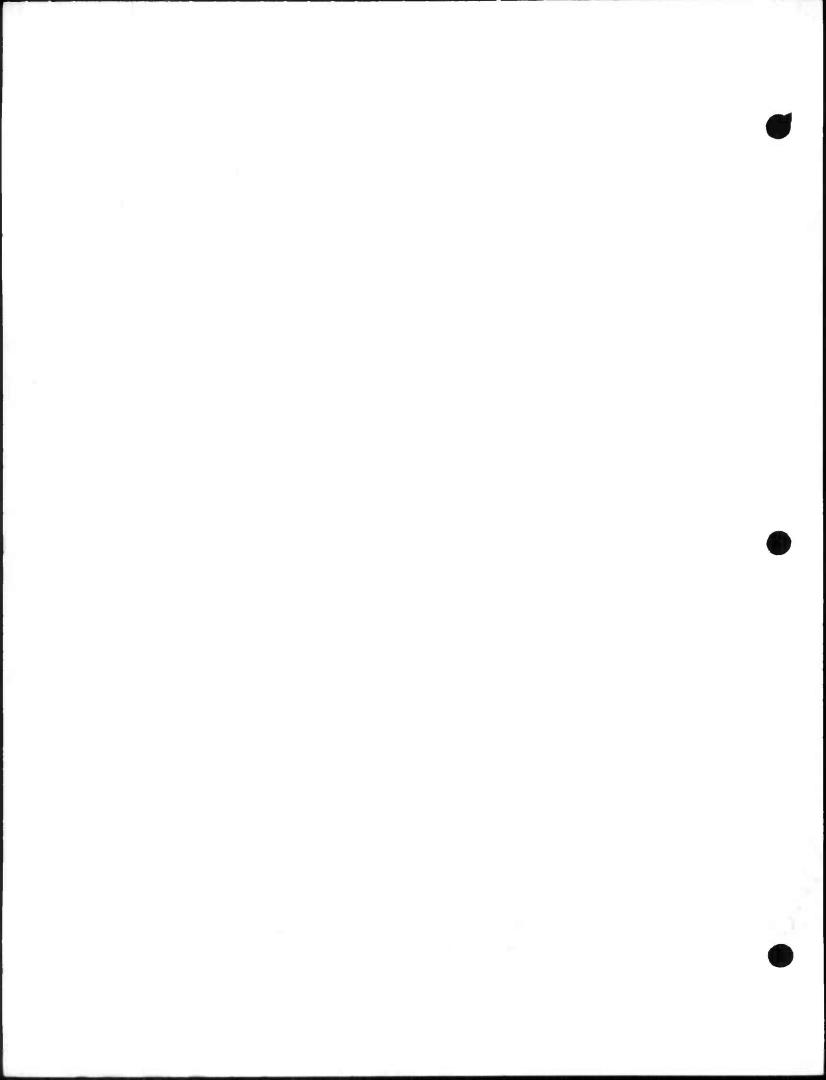
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CATE OF	DEATH	H	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3. TIME OF DEATH
1 1	DOROTHY LEE SHI	ME:B					MONTH	TAY	10	349
1	4. SOCIAL SECURITY NUMBER	T	6. AGE (In yrs. las	at hirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		1 9	BIRTHPLACE (State or Foreign
	220 20 2202		58		MONTHS DAYS	HOURS MIN.	(Month, De			Country)
	220 30 3383	1 🗆 M 2 🖳 F	50	Tho.			06	27	34 1	VIRGINIA
L.,	Sa. FACILITY NAME (If not institution, give :	street end number)			96. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUNTY	OF DEATH
DIRECTOR	821 MARTIN ROAD			i	ESSEX				יזגנו	TIMORE
15	RESIDENCE OF DECEDENT				131313133				DAL.	LIPTONE
쁜	10a, STATE 10b, COUNT	Υ		10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
ō	MD BA	LTIMORE			ESS	EV				1 YES 2 W NO
뒿	10e. STREET AND NUMBER					of. ZIP CODE		$\overline{}$	10g, CITIZEN	OF WHAT COUNTRY?
1 5	921 MATORICAL IDOATS				- 1	2122	1			USA
FUNERAL	821 MARTIN ROAD	12. WAS DECEDENT	DIED IN HO.		1 10 100 00					
15	1 Never Merried 2 Married	FORCES? 1	YES 2 1	NO IMIED	13. WAS DE	CENDENT OF HISPA pecify Cuban, Mexic	NIC ORIGIN? (S an, Puerto Ricar	pecify Yes o n, etc.)	r No- 14.	RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES		1 TYES	S 2 NO Speci	ily:			Specify:
		<u> </u>								WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	//3	then brind of w	USUAL OCCUPATI	ION ost of working	16b. KIN	ID OF BUSIN	ESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	He	Do NOT us	e retired.)					
8	10			HOMEM	IAKER_			HOME	MAKER	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middl	le, Malden St	rname)	
Ш		ROSEBU	URY			NELLI	E EDV	VARDS		
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number or Rural			State Zin Co.	del
유	MARVIN L. SHIME	O TO								oo,
	20a. METHOD OF DISPOSITION	110 11		_		ROAD ESS		212		
1 1	1 N Buriel 2 Cremation 3 Rem	noval from State	cemetery, cre		of DISPOSITION (N	ame of	DATE	20c. LOCA	TION — City	or Town, State
1 1	4 1 Donation 5 Other (Specify)				S OF FA	ITH	14/24	BAI	TIMO	RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7		22. NAME A	ND ADDRESS OF F	ACILITY			
	▶ <i>i</i> ○) a : ·	X -7 11			CVA	CH/ROSED	ALE FUN	IERAL.	HOME	
	- Lines	- / Len	7		1 12	11 CLECA	CITA OF	2121	27	
	23. PART I. Enter the diseases, or shock, or heert failure.	Complications that List only one caus	caused the de	eth. Do n	ot enter the mo	ode of dying, suc	ch aa cardiac	or respira	tory arrest	
1 1	IMMEDIATE CAUSE (Final									Interval Between Onset and Death
1 1	disease or condition	YNE	TYADTY	2000	4	SENO (- 11 n	ila.	. 1	Lon
		. /	11/31/17		- 7	36-1110	MUL	1101	WII	1301011
	resulting in death)					SE TUOC	mcc.	INOI	WI	3 non
	resulting in death)		OR AS A CONSE			SE TOOC	MCC.	100	un	3 non
NOI	Sequentially list conditions,	DUE TO (OR AS A CONSE	QUENCE OF	7:	367000	mcc.	100	WI	3 non
ATION	Sequentially list conditions, if any, leading to immediate	DUE TO (QUENCE OF	7:	367000	ANCC.	////	WI	3 non
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (c	OR AS A CONSE	QUENCE OF):):	367000	MCC	7,401	un	3 non
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (c	OR AS A CONSE	QUENCE OF):):	367000		/ / / /	Wi	3 non
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (c	OR AS A CONSE	QUENCE OF):):	367000		/ / / /	WI	3 non
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (0 DUE TO (0 DUE TO (0 d.	OR AS A CONSE	QUENCE OF););					3 Man
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (0 DUE TO (0 DUE TO (0 d.	OR AS A CONSE	QUENCE OF););			. WAS AN AL	JTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	DUE TO (C. DUE TO	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF	QUENCE OF QUENCE OF Presuiting in DOA 28b. Time INJE	26. P OTHER: 4 Nursing Hon E OF	LACE OF DEATH OF THE PROPERTY AT OPES 2 NO	Part i. 24a 1 [1 1 28d. DESCRII 28f. LOCATIO City or 70	WAS AN AIR PERFORM PERFORM YES 2 VES	JTOPSY ED? NO NO NO NO NO NO NO NO NO N	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29e. SIGNATURE AND TITLE OF CERTIFIE	DUE TO (0 b. DUE TO (0 c. DUE TO (0 d	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTI	QUENCE OF QUENCE	26. P OTHER: 4 Nursing Hon E OF	LACE OF DEATH CO	1 Part I. 24s 1 [1 24s 1 25s	D. WAS AN AIR PERFORM YES 2 WES 2 WES 2 WES 2 WES 2 WES 3 WES 3 WES 3 WES 4	URY OCCUR If Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	WEAR	3. TIME OF DEATH		
	AVA			AFFORD		<u>044</u> 21	9 ³ 3 ^{AR}	08:12 AM		
	4. SOCIAL SECURITY NUMBER 408 14 4593		-	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Countr	IPLACE (State or Foreign y)		
	9a. FACILITY NAME (If not institution, give s			L CITY TOWN O	R LOCATION OF DI	02/23/191		sylvania		
DIRECTOR	NORTH ARUNDEL HO				BURNIE	EATH	9c. COUNTY OF D	COUNTY		
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCAT	ION			10d, INSIDE CITY		
	Maryland Anne Arundel Baltimore 10c. STREET AND NUMBER 10g. CITE							LIMITS?		
₹.								VHAT COUNTRY?		
FUNERAL	109 Camrose Avenue 21225 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGINAL SPACE						U.S.A.			
	1 Never Married 2 Married	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexica	or No- 14. RACE Black	14. RACE — American Indian, Black, White, alc.					
ВУ	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 3 No Wildowed 4 Divorced Tyes, Give war or oates 1 Yes 2 No Specify:						Speci	White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working									
J'E	Elementary/Secondary (0-12) 9th Grade	College (1-4 or 5+)	Clerk	etired.)						
OM	17. FATHER'S NAME (First, Middle, Last)		CTGIK		10 MOTHER'S NA	ME (First, Middle, Meiden Si	Securit	y Adm.		
BE C	H	Men r y Collir	ns Sr.		Maı		hoemaker			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	ODRESS (Street a	nd Number or Rural i	Route Number, City or Town,	State, Zip Code)			
-	Patricia Koch		106 C∈	dar Hil	1 Road	Baltimor	e, Maryl	Land 21225		
	20s. METHOD OF DISPOSITION 1]X Burlel 2 Cremation 3 Rem	oval from State 20b.	PLACE AND DATE OF I Itery, cremetory or other LEN Haven	DISPOSITION (Nei	ne of		ATION — City or To	,		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		en Haven		AL Park	4/24 Gler	n Burnie	, Maryland		
	10		/.	George	J. Gond	ce Funeral	Home P.A	٨.		
	23. PART I Enter the discesses for	complications that caused	the deeth. Do not	enter the mos	Ritchie	Hwy. Balti	more, Mo	Approximate		
	shock, or heart fellure. IMMEDIATE CAUSE (Final	Liet only one ceuse on ee	ch line.			in as coroned or recome	itory erreet,	interval Between Onset and Death		
	disease or condition resulting in death)	Cor	Bitur	Hear	+ Jai	lux		Zweeks		
		DUE TO (OR AS A	PONSEQUENCE OF):	Cand	Penneng	nakle.		3 years		
CERTIFICATION	Sequenticity list conditions, if any, leading to immediate	D. OUE TO (OR AS A	CONSEQUENCE OF):	Co lec	congo,	rat ug		- gears		
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	с								
Ħ	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
ä		1								
AL.	PART ii. Other algnificent condition	s centributing to death bu	t not resulting in	the underlying	cause given in	Part I. 24a. WAS AN AI PERFORM	FRA	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
PHYSICIAN: MEDIC		Leufe Res	an you	and		1 TYES 2 6	J-MO	OF DEATH?		
Σ.						-		1 TYES 2 THE		
Ä	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	eck only one)				
YSK	EXAMINER? 1 YES 2 AHO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpa		THER: Nursing Home	5 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Histural 5 Pending	2Sa. DATE OF INJURY (Month, Day, Year)	20b. TIME C			28d. DEŞCRIBE HOW INJ	URY OCCURED			
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home form etc.		ES 2 NO	***				
COMPLETED	3 Suicide S Could not be detarmined	building, etc. (Specif	y)	et, factory, office		2St. LOCATION (Street and City or Town, State)	7 Number or Rural R	loute Number,		
님	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	dge, death occurred a	it the time, date :	and place, and due	to the cause(s) and menne	or as stated.			
Š Ņ		R: On the basis of examination						and menner as stated.		
BE	296. SIGNATURE AND TITLE OF DESTIFIER	12/	1110		29c. LICENSE NUM		29d. DATE SIGNED	(Month, Day, Year)		
2	38. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	we j	(mail	12	31122	1/2	1/93		
	KEVIN J. DOYLE,				TTE 206/	GLEN BURNIE	, MARYLA	AND 21061		
	31. DATE FILEO (Month, Day, Your) APR 22 1993	Julia Dandson-A	and the							
	711 11 10 10 10 10 10 10 10 10 10 10 10 1		1 - 2 - 1							

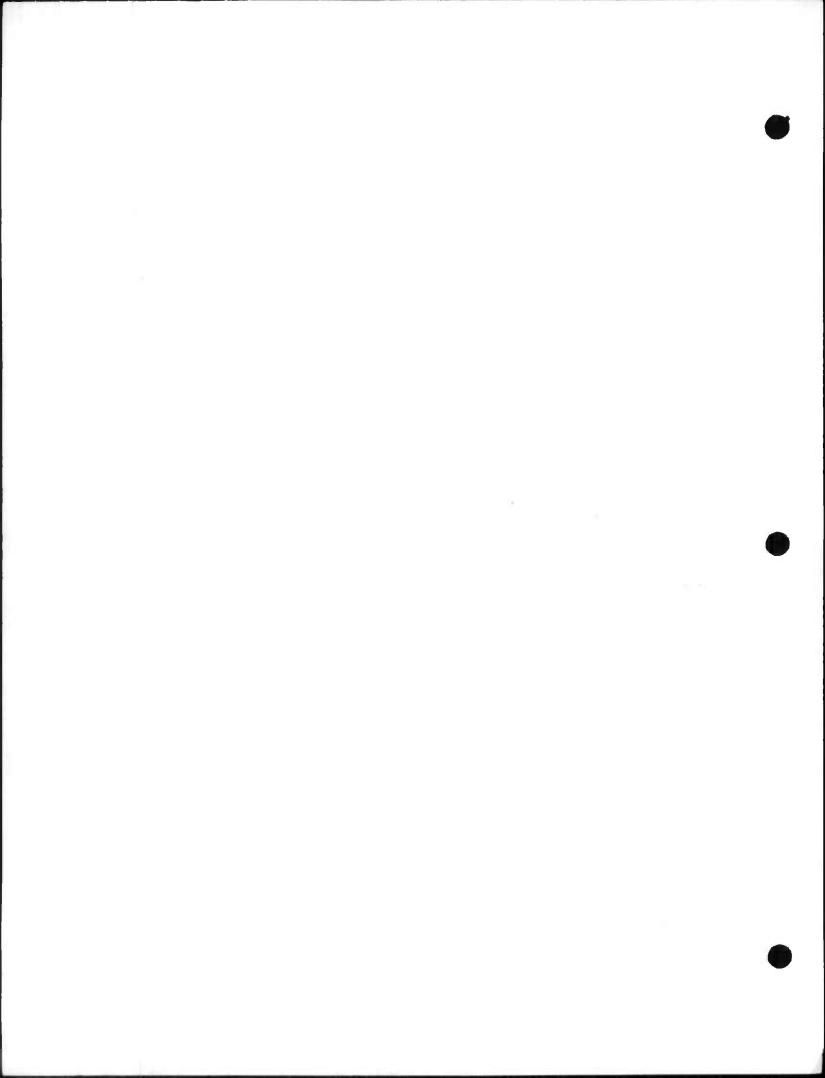


BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR, After this certificate has been signed by the attending physician and completely fills

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp are FUNCHALL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	7-20	STATE OF I	MARYLAN	D / DEPAI	RTMEN	T OF H	HEALTH DEA	AND I		HYGIEN REG. NO.	_	3	11649
	1. DECEDENT'S NAME (First,	Middle, Last)	Jane A	melia	Szuli		-			2. DATE OF MONTH 04	DEATH	AY	993	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB 215 01 37	82 A	5. SEX	6. AGE (In y	s. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF			8. BIRT	HPLACE (State or Foreign
OR	9a. FACILITY NAME (If not in: Harbor H	ospita					town cltim	Ore	ON OF DE	ATH		9c. COU	INTY OF	DEATH
DIRECTOR	nesidence of dec 10a. state Maryland	10b. COUNT	r ne Arunde	.1		ry, rown		TION						10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 101 Walla						_	r. zip cod					IZEN OF	1 □ YES 2 ☒ NO WHAT COUNTRY? A.
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	MO		If yes, sp	CENDENT Concepts of the Content of t	n, Mexicar	IIC ORIGIN? (n, Puerto Rici	Specify Yea an, etc.)		14. RAC	E — American Indian, ck, White, etc.
COMPLETED		EDENT'S EDU highest grade			Give kind of the Do NOT u	work done se retired.)	CCUPATION OF THE COURT OF THE C	ON osl of working	ng		OMe 1			
	17. FATHER'S NAME (First, Mi		owski		110 000	1120		18. MOT	HER'S NAI	ME (First, Mide	dle. Maidea	Sumamal		Ostrowski
TO BE	194. INFORMANT'S NAME (7) Jeannette				196. MAILING 416 G	address un R	s (Street a			oute Number,				
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 4 Donation 5 Other	n 3 🗆 Rame	oval from State	20b. PL/ carpeter HOI	ACE AND DATE	ther place!	mete	ery		0ATE 4/22	Ba:	ltimo	ore,	own, State Maryland
	21. SIGNATURE OF FUNEBAL	SERVICE LIC	ZINSEE	20	nie					ce Fur				A. id. 21225
CATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition and list an	ons, flata	a. DUE TO	OR AS A CO	line.	DC FI				as cardiae				Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disease or Injurithat Initiated events resulting in death) LAST		d		NSEQUENCE O									
PHYSICIAN: MEDICAL	PART II. Other significant	nt condition	contributing to	death but n	ot reaulting	in tha ur	nderlyln	My	olven in I		PERFOR	MED?	241	D. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)				
HYS	1 YES 2 NO		1 Inpatient 2 I		1 3 DOA	4 🗌 Nur			sidefice (B Other (S				
	1 Mitural 5 🗆 F	Pending Investigation	(Month, D		280. IN.	JURY M	WO	PRK?	NO	28d. OESCR	IBE HOW IF	NJURY OC	CURED	
тер ву	3 Suicide 8 C	Could not be	28e. PLACE O building,	F INJURY — A atc. (Specify)	it home, farm,	street, fact	ory, offic	•		281. LOCATION City or 7	ON (Street a lown, State)	nd Number	or Rural	Floute Number,
COMPLETED			CIAN: To the best of R: On the basis of ea											s) end menner as stated.
BE	29b. GONATUNE AND TITLE			Acte	udin	a Do	clor		SE NUM		4	29d. DAT		1
OT	30, NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	17	Print)	C	2Ac	N	Cowy	ge	كسرا	ins	2 106/
	APR 22 199		32. RECISTRA	A-Achd	M									2 (00)



1 - FOR STATE REGISTRAR

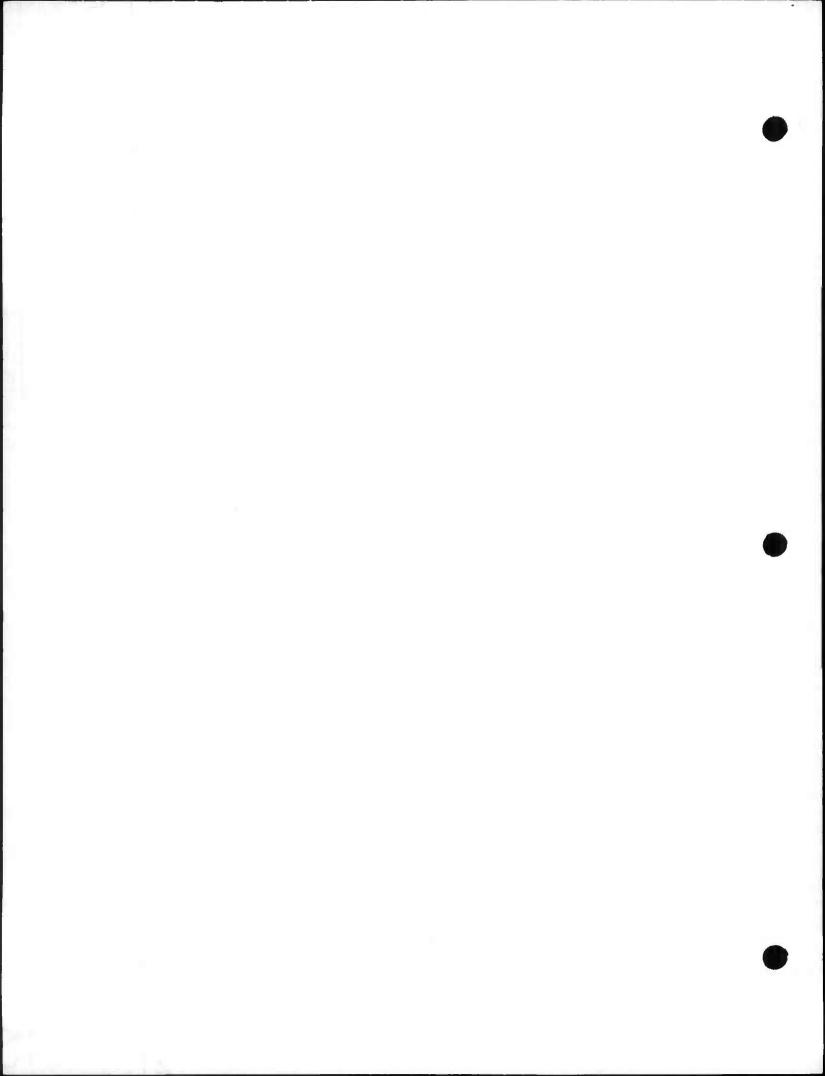
1. DECEDENT'S NAME (First, Middle, Last)

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	A. SOCIAL SECURITY NUMBER	Shanabr s. sex		MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH ny, Your)	Count	
MRECTOR		tion, give street end number)		9b. Cf		. 1	EATH	9c. C		tralia DEATH
	RESIDENCE OF DECED	DENT b. COUNTY		10c. CITY, YOW!	OR LOCA		21 (0)		1100	10d. INSIDE CITY LIMITS?
- 24	10a. STREET AND NUMBER	Lorien Nursi						10g. (CITIZEN OF	1 YES 2X NO
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Mar	12. WAS DECEDENT FORCES? 1	YES 22	MED to	If yes, sp	CENDENT OF HISPAN	n, Puerto Rica		- 14. RAC Blac	ralia E — American Indian, k, White, etc. ###: White
APLETED	1s. DECEDE (Specify only hig Elementary/Secondary (0-12) 12th Grade	thest grade completed)	(Gi	ve kind of work don Do NOT use retired	e during mo					
		Francis D	riscoll			16. MOTHER'S NA Tes	ME (First, Midd S Mal	le Maiden Sumam DIE Jarv	•). 'i	
5	Cindy Snyde		29	926 Rusk	in C	ourt				21009
1	1 Donation 5 Other (Spe	ecify)	cemetery, cre Metro	Crematory or other place	ory,I	nc.	4/21			
	Danna	M Znan	nous	/ G	eorg	e J. Gond	ce Fun			
SERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions	DUE TO (0	H AS A COMBE	M (n au plance on) Wat	der the mo	mest venta	h as cardiac	or respiratory	arrest,	Approximate interval Between Onset and Dea
MEDICAL	PART II. Other significant of	conditions contributing to d	eeth but not r	esulting in the	underlyin	g cause given in		PENFORMED		MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIA	25. WAS CASE REFERRED TO ME EXAMINERS 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		ER:					
	Annual Control of the	28a. DATE OF IN (Month, Day	JURY	28b. TIME OF BUJURY M	28c. (N.	JURY AT			OCCURED	
8	3 Suicide 6 Coul	Id not be 28e. PLACE OF building, et	INJURY — At ho c. (Specify)	me, term, street, fo	ictory, offic	•	28f, LOCATIO City or Ti	N (Street and Num wn, State)	iber or Rural	Route Mumber
COMPLE	ane) 2 MEDICAL	ENAMINER: On the books of same								s) and manner as stated.
TO BE	dida	filed	OF DEATH (ITEE	27) (Type, Print)	, 1	D 283	39	•	4/1	7/93
	'APR'22 1993	guid sontin	Honouse	16.	W	eck H	row !	BOLL	lik	1021515
	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	4. SOCIAL SECURITY NUMBER 216 50 716 9a. FACILITY NAME (If not Institute the Continual Continu	4. SOCIAL SECURITY NUMBER 216 50 7167 9a. FACILITY NAME (II not institution, give street and number) PART II. Other significant conditions Sequentially list conditions, give street and number) 10 STREET AND NUMBER 10 STREET AND NUMBER 10 STREET AND NUMBER 10 STREET AND NUMBER 10 STREET AND NUMBER 10 Never Married 11 MARITAL STATUS 11 Never Married 12 WAS OCCEDENT'S 12 WAS OCCEDENT'S 14 PERS, GIVE WAS 15 DECEDENT'S EDUCATION (Specify only injoined grade completed) 16 Sementary/Secondary (9-12) 17. FATHER'S NAME (First, Middle, Last) 19 Sent THOD OF DISPOSITION 10 Burlist 270 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATUBE-OF FUNERAL SERVICE LICENSEE 18 Sequentially list conditions, if any, leading in death) 22 Sequentially list conditions, if any, leading in death) 23 PART II. Other significant conditions contributing to death of the state	A. SOCIAL SECURITY NUMBER 216 50 7167 9. FACILITY NAME (If not institution, give street and number) HEDDRICE OF DECEDENT 100. STATE 100. COUNTY Maryland Harford County 100. STREET AND NUMBER BEICAMP ROad 11. MANITAL STATUS 1 Never Married 2 Married 3 Widowed A Divorced 11. MANITAL STATUS 1 Never Married 2 Married 3 Widowed A Divorced 11. MANITAL STATUS 1 Never Married 2 Married 3 Transport Married 3 Never Married 3 Never Married 4 Divorced 11. MANITAL STATUS 1 Never Married 7 Married 3 Widowed A Divorced 12. VAS DECEDENT'S EDUCATION 1 Never Married 7 Never Married 7 Never Married 8 Never Married 9 Never Marrie	A. SOCIAL SECURITY MUMBER 216 50 7167 1	4. SOCIAL SECURITY NUMBER 216 50 7167 1 M 270 56 788. BOTTON DAYS BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not healthdook, pie store and number) BE FACILITY NAME (If not he	A SOCIAL SECURITY MARBER S. SEX S.	A DOCAL SECURITY NAME (FINAL PRIMER) 216 50 7167 Sex 27 56 VRB. 216 50 7167 Sex 27 56 VRB. 30 FINGLITY NAME (FINAL PRIMER) 31 PROBLETY NAME (FINAL PRIMER) 32 FINAL TY NAME (FINAL PRIMER) 34 FINAL TY NAME (FINAL PRIMER) 35 FINAL TY NAME (FINAL PRIMER) 36 STATE 40	A SOON SECURITY MARKET OF SHEAR AND AND AND AND AND AND AND AND AND AND	A SOUND SECURITY MARKET OF CONTROLLARS OF STREET AND PARKET. A SOUND SECURITY MARKET OF CONTROLLARS OF STREET AND PARKET. A SOUND SECURITY MARKET OF CONTROLLARS OF STREET AND PARKET. A SOUND SECURITY MARKET OF CONTROLLARS OF STREET AND PARKET. B STATES. B STREET AND MARKET. A SOUND SECURITY SINGER OF CONTROLLARS OF STREET AND PARKET. B STREET AND MARKET. B STREET

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.





REG. NO 2. DATE OF DEATH

20 4. SOCIAL SECURITY NUMBER 5. SEX AGE (In yrs. lest birthday, 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS DAYS 1 M 2 1 213-52-1563 6/20/1947 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR LIBERTY MEDICAL CENTER BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE use as the burial-transit permit. FUNERAL 10e. STREET AND NUMBER 3206 MONDAWMIN AVENUE 21216 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1X Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY (Spec Elementary/Secondary (0-12) director, page 5 should be detached for College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 70 Armon Samuels BE Reva K. notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Rozita V. Samuels Monika Place Apt 301 pe 20a. METHOD OF DISPOSITION

TY Burlat 2/9 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of must Cremation 3
Other (Specify) Arbutus Memorial Park examiner FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral o LEROY O. DYETT & 4600 LIBERTY HEIGHTS the or removal. the medical Enjer the diseases, of complications that caused the beath. Do not enter the mode of dying, such as cardiac or respiratory arrest, aback, or heart fellyre. List only one ceuse on each life. attending physician and completely filled in by IMMEDIATE CAUSE (Final cremation, disease or condition resulting in death) alap The law requires that the death certificate be executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) prior to burial. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in daeth) LAST injury, Health and Men PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL PERFORMED? any 1 TES 2 NO is certificate has been signed ith the State Dept. of Health ed, or item 23 shows ar PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER HOSPITAL OR ATTENDING PHYSICIAN: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA se 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Year) with L 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural
2 Accident 1 YES 2 NO After the ВУ 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: / COMPLETED 28 4 Homicide MPORTANT: If Item 29a, CERTIFIER 1 📈 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. FUNERAL | within 72 h 2 ___ MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated 29b. SIGNATURE AND TITCE OF CERTIFIER BE 29c. LICENSE NUMBER 포포 \$ 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) APR 22 1993 Jaka Daydon-Handell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1

3. TIME OF DEATH YEAR WASH 9c. COUNTY OF DEATH 10d. INSIDE CITY 1 X YES 2 - NO 10g. CITIZEN OF WHAT COUNTRY? USA RACE — American Indian, Black, White, etc. Specify. Black Balto.Md 21207 20c. LOCATION — City or Town, State Arbutus, Marland SON FUNERAL HOME **Approximats** interval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS **AMILABLE PRIOR TO** COMPLETION OF CAUSE 1 - YES 2 1 NO 29d. DATE SIGNED (MILL

use as the burial-transit permit. Pages 1. 2, 3 should

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detached once.

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examiner

medical

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funeral director, page 5 should be

filled in by the fion, or removal.

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_	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medic
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	2	y fi	ation	5
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	*	du	C.	We
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **монт**н 18 ELMER LEO SMITH 3:45AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 1 X M 2 - F HOURS 9/6/1945 <u>216-42-2285</u> BALTO., YRS. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE NURSING HOME 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND YES 2 | ND BALTIMORE FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN DF WHAT COUNTRY? MULBERRY STREET 771 W. 21201 USA 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Maxican, Puerto Rican, etc.)
 YES 2 NAD Specify: RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced Black 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Teacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Armond Smith Annie Smith Dunlap 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Annie Smith 771 W. Mulberry St. Baltimore, MD 21201 20a. METHOD OF DISPOSITION

X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State King Memorial Park Baltimore, Maryland 4 ☐ Donation (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PART Letter the diseases or complications that cause shock, or heart failure. Liet only one cause on d tha death. Do not entar the mode of dying, such as cardiec or respiratory arrest, Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death)

COMPLETED 2 DUE TO (OR AS A CO CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEDUENCE OF): that initiated events reaulting in death) LAST PART II. Other eignificent conditions contributing to death but not reaulting in the underlying ceuee given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES /2 ND 1 | Inpatiant 2 | ER/Outpatient 3 | DOA turaing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 ND BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 201. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

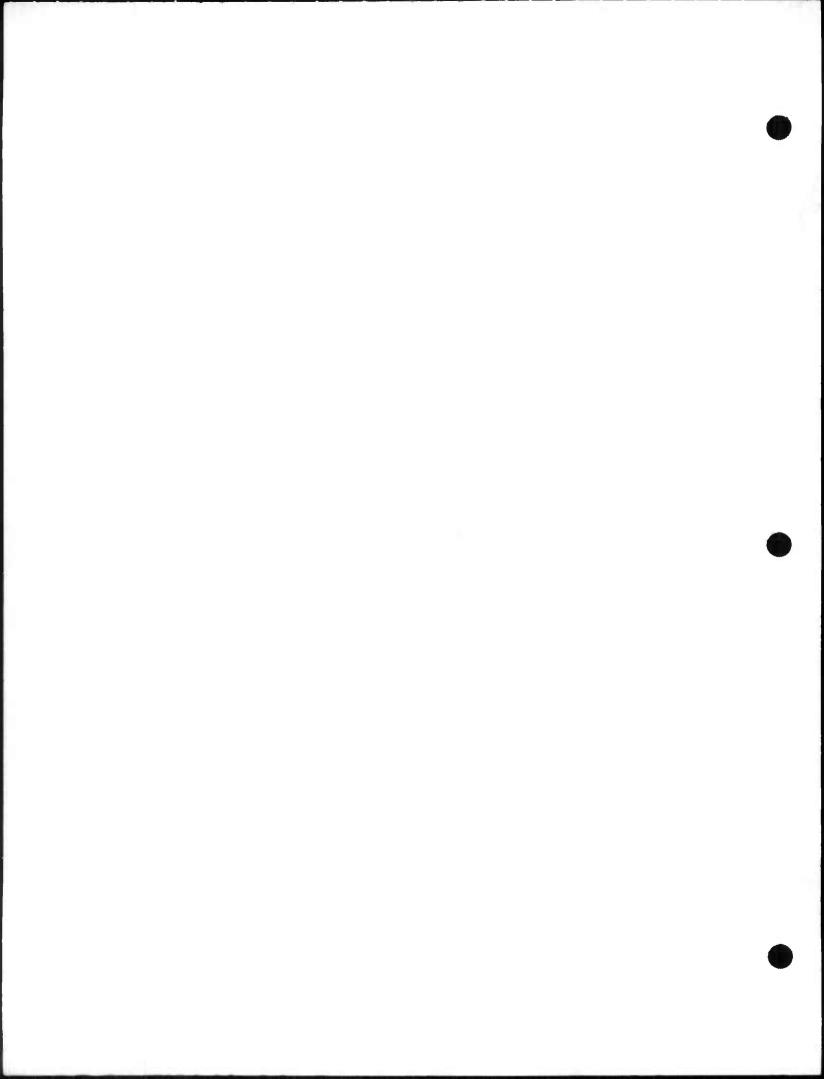
MEDICAL EXAMINER: On the d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND 29c. LICENSE NUMBER SIGNED (Month, Day, Year) 229 270

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W) 21/3

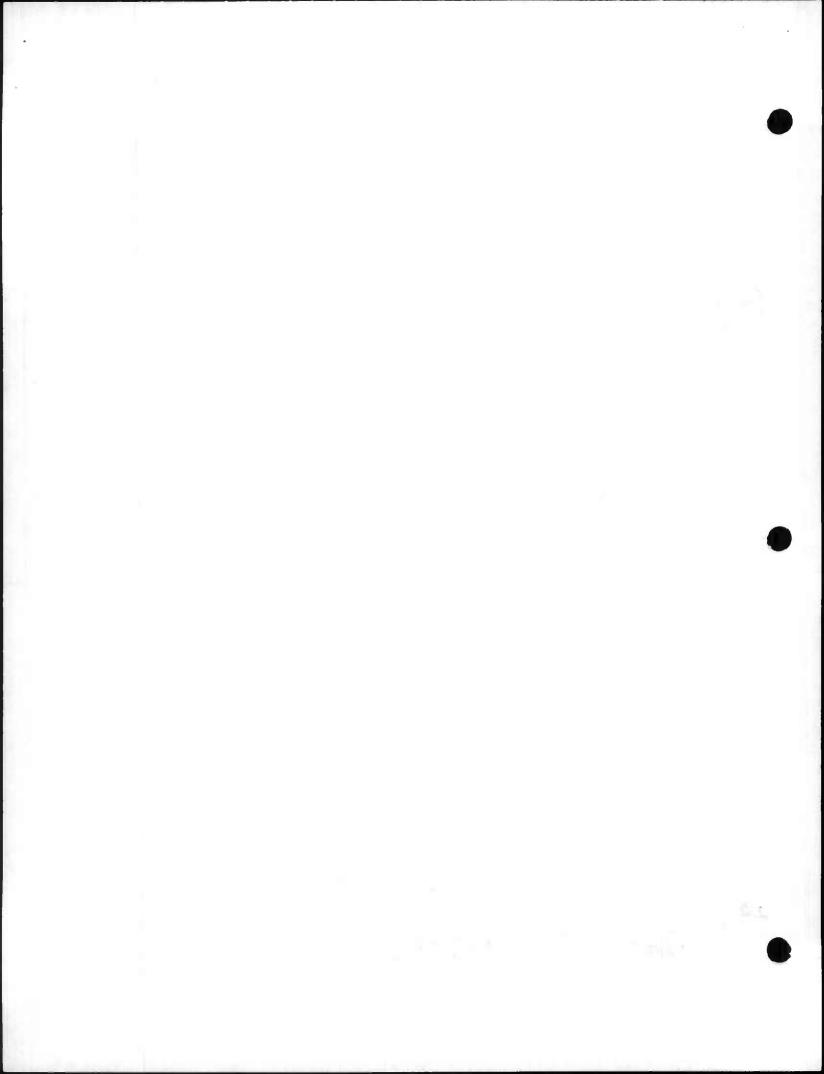


BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or announcement and completely filled in by the funeral director, page 5 should be detached for user as permit permit. Pages 1, 2, 3 should be the same been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for user as permit permit. Pages 1, 2, 3 should be the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or annual to the strain of the law this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the before the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,								DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
1 1		mas Holl			-	_		4	20 9	93	8.18 all
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DAYS HOURS M							rns. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign ry)
214-18-8892		1 M 2 F	72.	YRS.				4/7/21			yland
9a. FACILITY NAME (If not in						N OR LOCATION (OF DEATH		9c. COUNT	TY OF D	EATH
Greater Balt	imore	<u>Medical</u>	<u>Center</u>		Balti	more			Bal	tim	ore Co
10a. STATE	10b. COUNTY			10c. CIT	TY, TOWN OR LO	CATION				\neg	10d. INSIDE CITY
Maryland]	Baltimor	е			Balti	more				LIMITS?
10e. STREET AND NUMBER						101. ZIP CODE			10g. CITIZI	EN OF V	WHAT COUNTRY?
3806 Lochea:	rn Driv	ve					21	207	Uni	ted	States
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED				RIGIN? (Specify Ye		_	E — American Indian, k, White, atc.
1 Never Married 2 📉		IF YES, GIVE W				, specify Cuban, M YES 2 A NO S		parto Hican, atc.)		Speci	
	EDENT'S EDUC	47:04	Line								casian
(Specify only	highest grade o	completed)		DECEDENT'S (Give kind of Vie. Do NOT u	Work done during	ATION most of working		16b. KIND OF BU	SINESS/INDU	STRY	
Elementary/Secondary (0	1	College (1-4 or 5 -	•)			ervisor		I. R. S	1 100	nt	
17. FATHER'S NAME (First, M	iddle, Last)	year			Sup		S NAME (First, Middle, Meiden		IIL	
Sam	uel Gil	lbert To	wnshend	Jr.		io. morrica	O MARKE (Laura Sn			
19a, INFORMANT'S NAME (7)						net and Number or F	Burel Route	Number, City or Tow		Codel	
Mrs. Jeanne	W. Tov	mshend						timore,			
20a METHOD OF DISPOSITI	ON			EAND DATE	OF DISPOSITION				CATION — CI		wn, State
4 Donation 5 Other		val from Stata	Aton	emetory or o	Cemete	ery Apri	1 23	, 1993	helth	am,	Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LICE	ENSEE)		/	22. NAMI	AND ADDRESS C	F FACILIT	Y			
> Goox	126	. Kell	ner					eral Dir Randall			INC. 21133-4784
23. PART. Enter the di	seases, Dr C	omplications that	t ceused the	death. Do i	not enter the	mode of dying,	auch as	cardiac or reap	iratory arre	at,	Approximate
IMMEDIATE CAUSE (Fin		lst only one cau	se DN each li	ne.							Interval Between Onset and Death
disease or condition resulting in death)		Cardion	ardiopulmonary failure DUE TO (OR AS A CONSEQUENCE OF):								
losaling in dealing		DUE TO	(OR AS A CONS	SEQUENCE O	OF):						
Sequentially list conditi	b	Pulmona									
if any, leading to immed	diate	DUE TO	(OR AS A CONS	EOUENCE O	F):						
CAUSE (Disease or Inju		DUE TO	(OR AS A CONS								
that initiated events resulting in death) LAS	-	DOE TO	(OR AS A CONS	EUUENCE U	r-):						
	4										
PART II. Other aignifice	nt conditions	contributing to	deeth but no	t reauiting	in the underig	ying ceuse give	n in Pari	I. 24a. WAS AN		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Massive pe	ritone	al and r	etrope	riton	eal he	morrhad		1 YES 2			COMPLETION DF CAUSE OF DEATH?
						morringe					1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HORBITAL				PLACE OF DEATH	H (Check o	nily one)			187
1 - YES 2 XHO		HOSPITAL: 1 ☐ Inpetient 2 □	ER/Outpetlent	3 🗆 DOA	OTHER:	iome 5 🗆 Raside	nce 6 🗆	Other (Specify)			
27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TIM	AE OF 28c.	INJURY AT WORK?	280	. DESCRIBE HOW I	NJURY OCCU	RED	
	Pending Investigation					YES 2 NO	>				
	Could not be	28s. PLACE O building,	F INJURY — At atc. (Specify)	home, term,	street, factory, o	ffice	281	. LOCATION (Street of City or Town, State)	and Number of	r Rural A	loute Number,
	detarmined										
		IAN: To the best of									
one) 2 MEDI	CAL EXAMINER	t: On the basis of a	camination and/o	or investigation	on, in my opinio	n, death occured a	t the time	, data and place, an	d due to the	cause(a) and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	10/	.11	1 /1-	1	29c. LICENSE	NUMBER		29d. DATE	SIGNED	(Month, Day, Year)
Beth R. Schw	artz, i	1. D. DE	& K	Arthu	1/1/	D38	3352		▶4/2	0/9	3
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (IT	ЕМ 27) (Туре	o, Print)				-		
same as 29B											
31. DATE FILED (Month, Day,	*	32. REGISTRA	R'S SIGNATURE	-	1						
APR 22 19	393	10 - 2140	son-Rand	مالاك							



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH
MONTH 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3-1 Sountary 1 M 2 Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH IN DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? TES 2 NO permit. FUNERAL 100. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 23/3 11. MARITAL STATUS funeral director, page 5 should be detached for use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married It yes, specify Cuban, Maxican, Puerto Rican, etc.) 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO ΒY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete IGE. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Dg) NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) BE notified 19b. MAILING ADDRESS /Street 2 pe ETHOD OF DISPOSITION 200 PLACEAND DATE OF DISPOSITION AND must 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE certificate has been signed by the attending physician and completely filled in by the https://doi.or/incompletely/filled in by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. event, the medical 23. Part I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiretory arrest, shock, or heart failure. Liet only one cause on each line. Approximata Intarval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) ATTENOSCIENSIS MRSCHUT ENSERSE executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Consestive Failure. traumatic heart CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING Diasetic mellitus Insulin Dependent CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Rengi 0 in sulficienc injury, PART II. Other significent conditions contributing to daeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO accident SCHIRE 1 YES 2 NO Cordi PHYSICIAN: est. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item OTHER: 1 TYES 2 NO 1 ☐ Inpatient 2 SER/Outpatient 3 ☐ DOA 5 Residence 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH this c 28b. TIME OF INJURY marked, 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending Investigation 1 YES 2 NO After the BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 99 3 Sulcide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be BE COMPLETED DIRECTOR: 28 4 Homicide TO THE COSPITAL OR ATT
TO THE FUNERAL DIRECT
DE filed within 72 hours at
IMPORTANT: If Item 2 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, deta and place, and due to the cause(a) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) AHENDING Physician ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20193 30115 2

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31. DATE FILEO (Month, Day, Year) 22 1993

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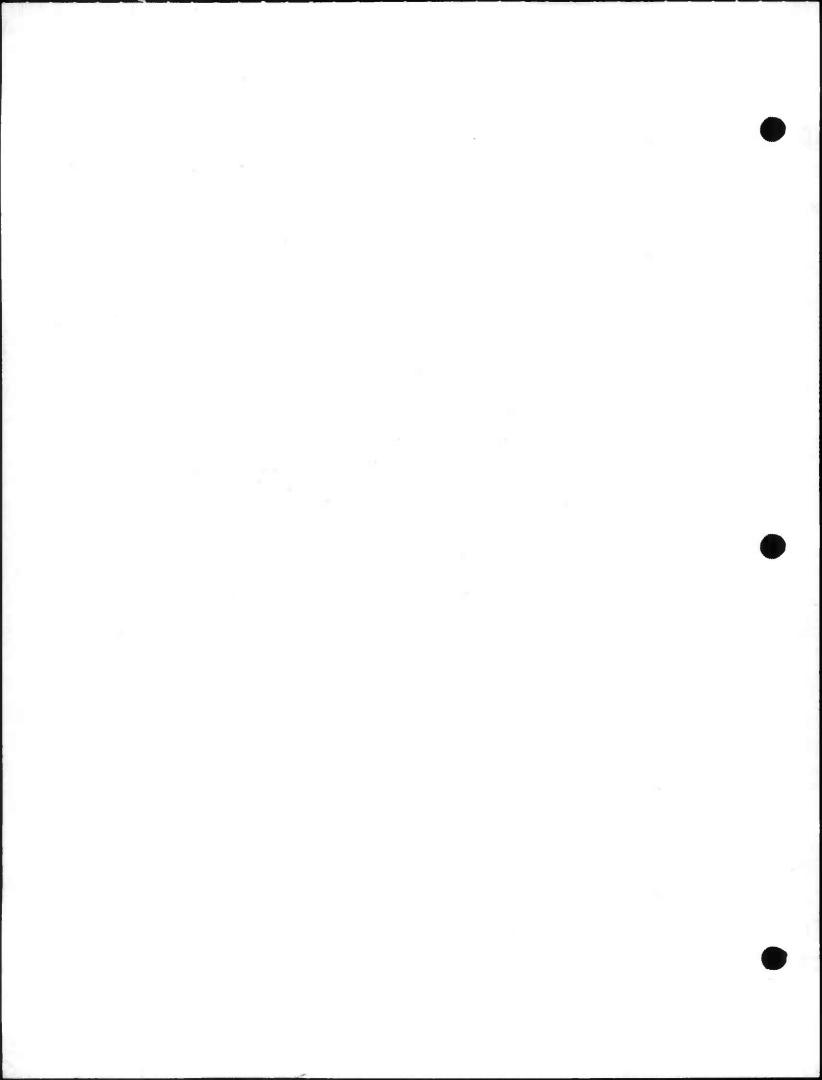
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32. REGISTRAR'S SIGNATURE

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2121.

Ave Baltimore mo

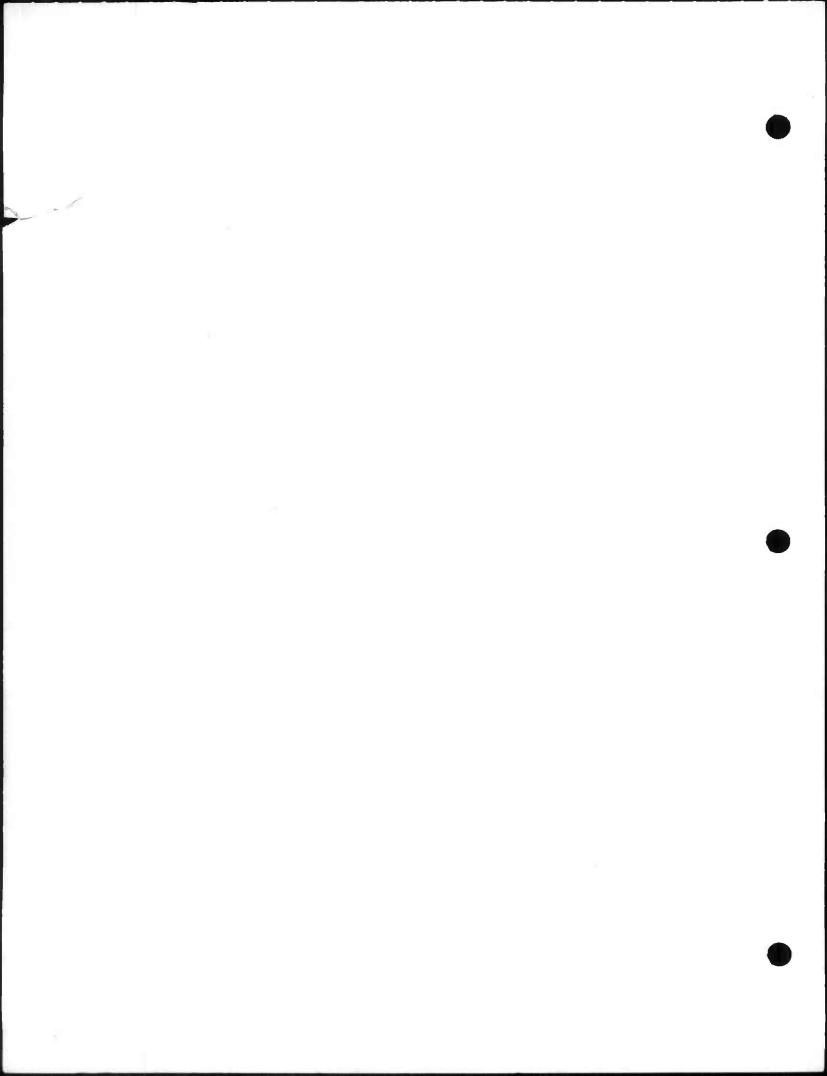


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BALTIMORE, MARYLAND 21215-0020	THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. Pages 1, 2, 3 should HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal. e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 11655 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIE		3 4 4	65	5	
1	1. DECEDENT'S NAME (First, Middle, Lest) MARY WOLLT FRAN		JOLTMON			2. DATE OF DEATH 4 MON 2 10 - 9 3	DAY Y	3. TIM	E OF DEA		
	SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Col.									A M	
	216-36-3599 9a. FACILITY NAME (If not institution, give			9h CITY TOWN (OR LOCATION OF D	JULY 7, 1	7	ARYLAN	D		
DIRECTOR	CHURCH HOSPIT	AL			ORE, M		N/A	T OF BEATH	1		
BE	10a. STATE 10b. COUNT	TY .	10c. CITY,	TOWN OR LOCAT	TION				ISIDE CITY	1	
	MARYLAND N/	Α	BA	LTIMORE				1/2	YES 2	NO	
FUNERAL		OD BOAD			ZIP CODE			N OF WHAT CO	OUNTRY?		
NS I	1300 SOUTH ELLWOO	12. WAS DECEDENT EVER IN	U.S. ARMED		21224 ENDENT OF HISPA	NIC ORIGIN? (Specify Y	U.S.	A . I. RACE — Am	adean Indi		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecify Cuban, Mexic 2 X NO Speci	an, Puerto Rican, etc.)		Black, White Specify:	, etc.	mes,	
	15. DECEDENT'S EDI	JCATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF B	ISINESS (IND. IS		HITE		
ETED	(Specify only highest grad	completed) College (1-4 or 5+)		rk done durina mo		Tour Kind Or B	JSINESS/INDUS	ILET			
COMPL	12	2	REGISTE	RED NUE	RSE	CHURCH	HOME	HOSPIT	AL		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)				
BE	ERIC RATSCH 19a. INFORMANT'S NAME (Type/Print)		T			NCES	UNKNOW				
유	ERIC D. WOLTMAN		- 1		AVENUE	Route Number, City or To			2112	2	
	20a METHOD OF DISPOSITION	20b.	PLACE AND DATE OF	DISPOSITION (Na		PASADEN	OCATION - CIT		_		
	4 Donation 5 Other (Specify) METRO CREMATORY, INC. 4/21 BALTIMORE, MARYLAND										
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AN	D ADDRESS OF FA	ERAL HOME					
	MANUgon	Sumbre		1-SECO	ND AVE.	S.W. GLEN	BURNII	E. MD.	21.06	61	
23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition								10	approxim ntarvsi B Onset and	etween	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	-4 C	ALW RS						
z	58P815										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or injury that initiated events	cDUE TO (OR AS A	CONSEQUENCE OF):								
HTI	resulting in death) LAST	d									
	PART It. Other algolificent condition	ne contribution to death by	od and a state of								
CAL	1) MULTIPILE	Suapes 1	ut not resulting in	the underlying	ceuse given in	Part I. 24a, WAS A	N AUTOPSY PRMED?		WTOPSY FI BLE PRIOR ETION OF C	TO	
MEDIC	и	500 8051	2			1 TYES	2 NO	OF DEA	TH?		
2						-		1 U Y	ES 2 🗌 I	10	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C)	eck only one)					
YSIC	1 TES 2 DAG	HOSPITAL:		OTHER:	s 5 🗆 Residence	6 Other (Specify)					
H	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (WO WO	RK?	28d. DEŞCRIBE HOW	INJURY OCCUR	RED			
BY	1 Matural 5 Pending 2 Accident Investigation 3 Pending M 1 YES 2 NO										
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Speci	ify)	out, factory, office		281. LOCATION (Street City or Town, State	and Number or	Hural Houte Nui	mber,	- 1	
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occurred	at the time, date	end place, and due	to the cause(s) and m	nner as stated				
OM		ER: On the beals of examination						ause(a) and ma	anner aa si	tated.	
w II	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU	MBER		IGNED (Month,			
TO B	1 mowen	w ~			D 390	74	> 4	12074	3		
	30. NAME AND ADDRESS OF PERSON WITH				مممم	BALTIN	-028	~~	212	3)	
	APR 22 1993	32 MEGISTRAR'S VON									



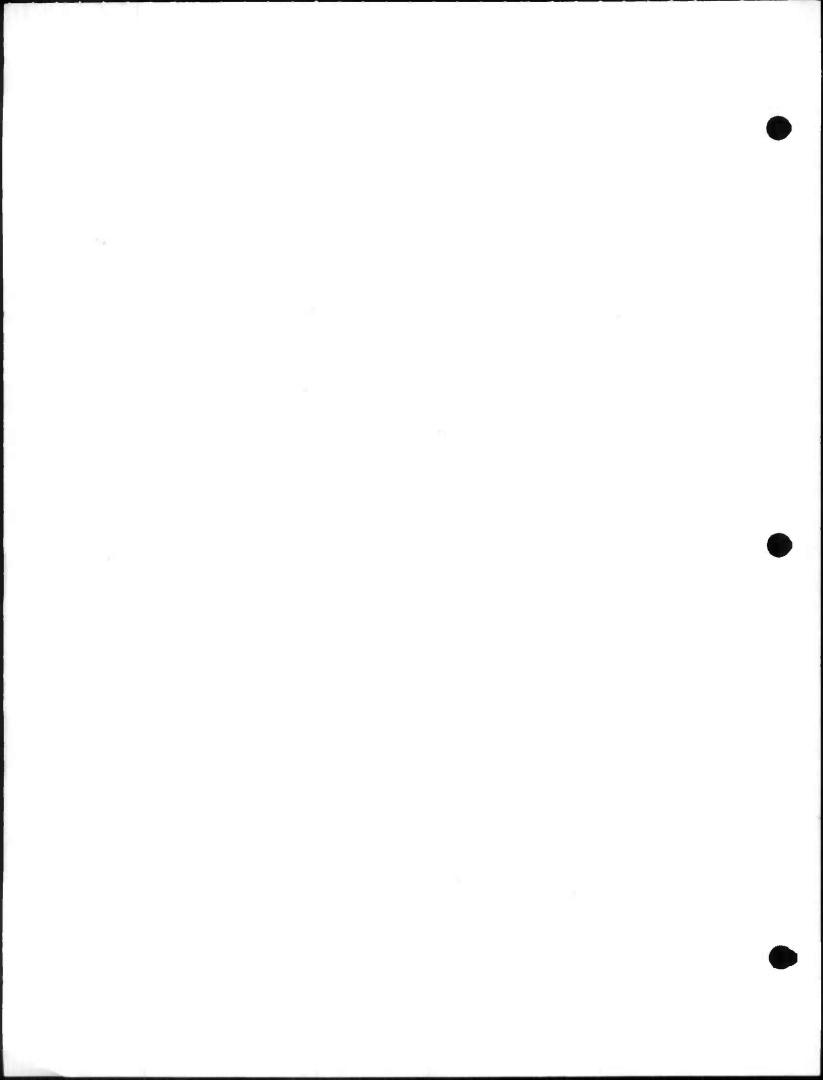
		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN REG. NO	-	13 11656		
		1. DECEOENT'S NAME (First, Middle, Last) FRANCIS	C- WID		. 1		2. DATE OF DEATH MONTH DA		3. TIME OF OEATH		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	4 2	1 9	3 16/5 M		
Pin		212-28-6939	1 M 2 □ F 62	YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-18-193		BIRTHPLACE (State or Foreign Country) (aryland		
3 should	Œ	9a. FACILITY NAME (If not institution, give st		4	1242	OR LOCATION OF O	EATH	9c. COUNTY	OF OEATH		
1. 2.	стоя	Baltimore Co. Gene		<u> </u>	Randa	llstown		Balt	imore County		
rt. Pages	DIRE	Maryland Balt:	imore Co.		oodlawn	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
permit.	3AL	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
020 physician. burial-transit	FUNERAL	2312 Birch Drive				21207		USA			
AND 21215-0020 the hospital or attending physician, detached for use as the burial-trar once.	BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEOENT EVER IN FORCES? 1 1 1 YES IF YES, GIVE WAR OR ON	2 NO ATES	If yes, sp	ecity Cuban, Mexica 2 2 NO Specifi	HIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	or No 14.	RACE — American Indian, Black, White, etc. Specify:		
r attendii		15. OECEOENT'S EOUC	CATION	10a. OECEOENT'S	USUAL OCCUPATION	ON	16b. KINO OF BUS	INESS/INQUST	White		
Par or serior se	COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u:	work done during mo	ast of working					
AND he hospit detached once.	MP	llth Grade		Display	Man				& Electric		
		17. FATHER'S NAME (First, Middle, Last) Austin Julius V	Widerman				ME (First, Middle, Maiden	,	1 6 1.		
MAHY retained by 5 should be notified al	8	19a. INFORMANT'S NAME (Type/Print)	riderman	19b. MAILING	AOORESS (Street a		Elizabet Route Number, City or Town				
60 41	욘	Mrs. Norma L. Wide	erman		Birch Dr		imore, MD	2120			
6 may be ector, page		20a. METHOD OF DISPOSITION 1 Burlai 2 □ Cremation 3 □ Remo		PLACE ANO OATE	OF OISPOSITION (Na			CATION — City	or Town, State		
Page 6 m al director,		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	La	ake View	Mem. Pa	rk 4-2		esvill	e, MD		
BALLIMORE, urs after death. Page 6 may by in by the funeral director, page removal. edical examiner must be		Dohn K A	A	or a	Lorin	g Byers	Funeral Di				
after after mova		23. PART I. Enter the diseases, or c	1	t the deeth Do	8728	Liberty	Rd. Randal	1stown	, MD 21133		
E DOE		shock, or heart feliure. L	List only one ceuse on e	ech line.				ratory arrest.	Approximate interval Between Onset and Death		
within 24 nipletely fille cremation, vent, the		disease or condition resulting in death)	RESP	IRAT	ORY	FAIL	URE		Oliver and Death		
9 m o ed	_	_	DA JE L	CONSEQUENCE O	F):	COPD					
e be execut sician and o nior to burit traumatic	TIO	Sequentially list conditions, if any, iseding to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):						
ficate be ophysician ne prior to	ERTIFICATIO	CAUSE (Disease or injury	CUE TO CO.		_						
ding Hygie	RTIE	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):						
	Ü	DART II Other desident and a second									
	CAL	PART II. Other eignificent conditions	contributing to death be	ut not resulting	in the underlying	g cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
w requires that been signed by pt. of Health and shows any	EDIC	CHT, CAL) · 				1 YES 2	□ NO	COMPLETION OF CAUSE OF GEATH?		
> D	Z						_		1 YES 2 NO		
	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	ck only one)				
PHYSICIAN: The this certificate with the State	HYSI	1 YES 2 NO	1 Inpatient 2 I ER/Outpo			e 5 🗆 Residence	S - Other (Specify)				
F this	PH	27. MANNER OF OEATH 1 Natural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	2Sb. TIM INJ	URY WO	URY AT RK? /ES 2 NO	28d. OEŞCRIBE HOW IN	IJURY OCCURE	EO		
ATTENDING ECTOR: After s after death	0 8)	2 Accident Investigation 3 Suicide S Could not be	28a. PLACE OF INJURY	— A1 home, farm, s			28f. LOCATION (Street and Number or Rural Route Number,				
DR ATTENDING DIRECTOR: After hours after death	ETE(4 Homicide determined	building, etc. (Speci	eny)			City or Town, State)				
AL DIREC	7 1	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurre	ed at the time, date	end place, and due	to the cause(a) and man	ner as stated.			
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: 11	COM		3: On the basis of examination						use(a) and manner as stated.		
TO THE HOSPIT TO THE FUNERA be filed within 7	BE (29b. SIGNATURE AND TITLE OF CERTIFIER	- 8 601	0		29c. LICENSE NUM	IBER 777	29d. DATE SK	GNEO (Month, Day, Year)		
₽₽3₹	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE OF AE	ATH (ITEM 27) (See	Print)	1) 3	1777	14.	21.13		
11		C-FLAUL,	BCalt	BA	LTO.	M	21177				
		31. DATE FILEO (Month, Day, Year) PR 2 2 1993	32 REGISTRAR'S SIGNA	TURE LA PLANTE							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	R: After the	or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The	TO THE FUNERAL DIRECTOR: After this certificate had be filed within 72 hours after death with the State D	IMPORTANT: If item 28 is marked, or item

ASI										
	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF I	HEALTH AND	MENTA	L HYGIEN		93	11657
	1. DECEDENT'S NAME (First, Middle, Last)		-			2. DATE	OF DEATH			IME OF DEATH
	MOZELLA	WI	HART	NC		04	07	"1993	YEAR 1	2:20 P M
	All ol nrai	5. SEX 6. AGE (In yrs. le		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.		OF BIFTH	1-1	6. BIRTHPLAC	E (State or Foreign
	710 20 0001	1 D M 2 XF	YRS,		72	LZ	2	/3		1. C.
Œ	9e. FACILITY NAME (If not institution, give stree				OR LOCATION OF DI	EATH		9c. COUNT	TY OF DEATH	
5	1001 N. CASTLE	ST.		BALT	MORE					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCA	TION				10d	INSIDE CITY LIMITS?
	11101	/	LR	Altimo	pre				1/2	YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	I. ZIP CODE	10		10g. CITIZ	EN OF WHAT	COUNTRY?
NE.	7 - 0 / / 0 / / 0 / /	2. WAS DECEDENT EVER IN U.S. AF	DMED	40 1110 055	2/21	<u> </u>		u.	,0,17	7
	1 Never Married 2 Merried	FORCES? 1 YES 2	NO	tt yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specifi	n, Puerto F	? (Specify Yes Ricen, etc.)	or No—	Black, Wh	maricen Indian, ite, etc.
ВУ	3 Widowed 4 Divorced	TO STATE THAT ON DATES	'	1 1 163	2 NO Specin	y:		- 1	Specify:	IACK
TED	15. DECEDENT'S EDUCAT (Specify only highest grade co		ECEDENT'S Give kind of w	USUAL OCCUPATION	ON ost of working	16b.	KIND OF BUS	INESS/INDU	STRY	
) LE	Elementary/Secondary (0-12)	College (1-4 or 5+)	e. Do NOT us	e retired.)						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		ome	MAKE						
	INK				18. MOTHER'S NA	MIE (FIRST, A	fiddle, Maiden	Sumeme)		
BE (19e. INFORMANT'S NAME (Type/Print)	/ 1/ 10	b. MAILING	ADQRESS (Street)	My Number or Rural I	Route Numb	er, City or Town	n. State. Zip C	Code)	
10	ThomASINA /	IMARTON 4	044	1.1.1	ricle (/A	Rea	ach, l	10.	234	52
	20a, METHOD OF DISPOSITION 1 Remove	al from State	20b, PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION — City or Town, State							State
	4 Donation 6 Other (Specify)	CAPE	PRNI	aum Chi	reh	i	Ck	mmo	NS,	N.C.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	(SEE		22. NAME AI	NO ADDRESS OF FA	CILITY	7 +	1/	, 1	11 11 10
	11/1/2	Scourse		W.C	, BROWN	Con	nm.til	1.1201	6 W.1	loctly AUE
	23. PART i Epter the diseeses, or con shock, or heert feliure. Lis	mplications that caused the de st only one cause on each line	eeth. Do n e,	ot enter the mo	de of dying, auc	h ss cerd	iac or reapi	ratory srre	at,	Approximata Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	Λ., Ι	1.	0	1/	(Di			Onset and Death
	resulting in death)	DUE TO (OR AS A CONSE	TIC OF	Lorong	ry Vasa	ula	V Di	jes	2	
_	<u> </u>	002 10 (011 110 11 001102	OULIVEE OF	<i>y</i> -	1				i	
5	Sequentially list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSE	QUENCE OF):		_			-	
S	CAUSE (Disesse or Injury									
RTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):						
S	d									
	PART II. Other significant conditions of	contributing to deeth but not	resulting is	n the underlying	g cause given in	Part I.	24a. WAS AN PERFOR			E AUTOPSY FINDINGS
200						_	1 YES 2		COM	LABLE PRIOR TO PLETION OF CAUSE JEATH?
ME						_				YES 2 NO
PHYSICIAN: MEDICAL										
Sic		HOSPITAL:		OTHER:	ACE OF DEATH (Che					
HYS	27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatient 3 28e. DATE OF INJURY	28b. TIME		e 5 X Residence		(Specify)	LINEY OCCU	IDED.	
ВУ Р	1 Neturat 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	URY WO	RK?	zed. DEŞ	CHIBE NOW II	IJUNY OCCU	HED	
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, st	treet, factory, offic			TION (Street e	nd Number or	r Rural Route I	Number,
	4 Homicide determined	Series (Specify)				City o	r Yown, State)			
F		AN: To the best of my knowledge, de								
MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, or 29b. SATH URE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER										manner ee stated,
									SIGNED (Mont	
TO B	(aun	bute M))		O.C.M.	E		▶04-	08-1	993
	30. NAME AND ADDRESS OF PERSON WHO C	11 - A. C							, -	21001
- 1	1 MILON 13C	FE, MM) 11	1 Per	nn Str	eet, Ba	Ltim	ore,	Mary	Land	21201
10	31 DATE EN ED /Howh Day Mand	28 DECIDEDADIO CICIONI								
	31. DATE FILED (Morth, Day, Year) APR 22. 1993	39. REGISTRAR'S SIGNATURE	2.00							



FOR STATE REGISTRAR

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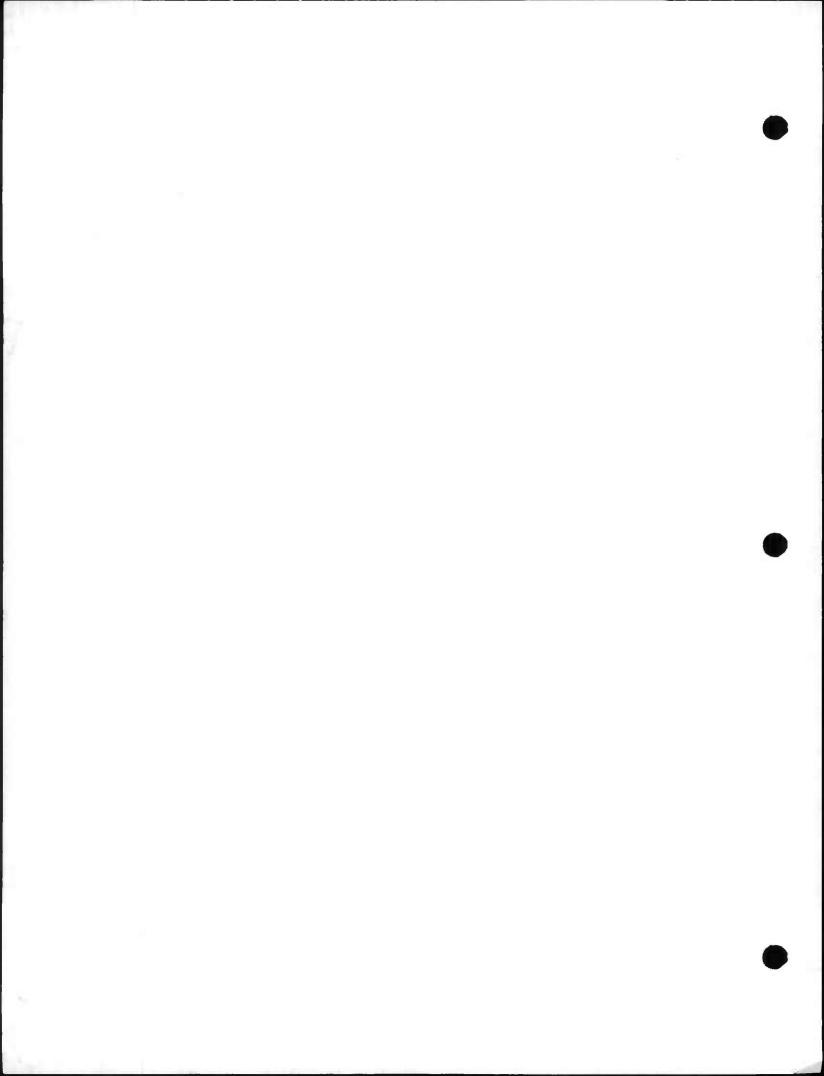
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
RECORDS, P.O. BO	68760,
RECORDS, P.	BOX
RECORDS.	P.O.
T.	ORDS,
DIVISION OF VITA	T.
DIVISION OF	- VITA
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	DIVISIO

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dorothy April 12, 1992 Wise 7:05pm A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-42-4106 1 M 2 F 10-7-93 MAK use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR Maryand General Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 PES 2 NO 10c, CITY, TOWN OR LOCATION MD BAltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Drooks 21217 LANC 4 SA 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 4NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ō Elementary/Secondary (0-12) College (1-4 or 5+) detached tome maker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) lillie 76 director, page 5 should be BE notified 19a, INFORMANT'S NAME (Type/Print 2 yde Balto, MU. 21217 pe 20a. METHOD OF DISPOSITION
1 Burlet 2 Cremation 3 Real Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must metery, crematory of other place, M+ ZION "Cemetery Yland MAC 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 1206 W. North this certificate has been signed by the attending physician and completely filled in by the funeral with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal. WM C. Brown Community Funeral Hore traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line Interval Between Onset and Death disease or condition resulting in death) Probable pulmonary embolus within DUE TO (OR AS A CONSEQUENCE OF): executed Infective endocarditis CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING requires that the death certificate be pneumonia CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 - YES 2 - NO 1 TYES 2 NO PHYSICIAN: WE 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 S Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO HOSPITAL OR ATTENDING PHYSICIAN: ne 5 🗆 Residence S 🗆 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, death with Natural N 5 Pending 1 YES 2 NO B THE HOSPITAL OR ATTENDING I THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 28 4 Homicide Item 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, date end place, and dus to like ceuse(e) and manner as stated. TO THE FUNERAL IDE filed within 72 h 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 4/12/93 BE dde LID. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Ghassan Haddad, M.D. c/o Maryland General Hospital 32. REGISTRAR'S SIGNATURE

A Davidson-Mandall 31. DATE FILED (Month, Day, Year) APR 22 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	ă.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit pe filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9

31. DATE FILED (Month, Day, Year)

APR 22 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

CK

Pages 1, 2,

5-101-38-54 DAVID H 11/21/1961 3 100435705 6 3/30/93 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN DAVID 20" WEEMS 1953 L. 12:30 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vrs. last hirthday) 8. BIRTNPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH DAYS HOURS 1 M 2 F 218-74-1764 31 11-21-61 MARYLAND 9a. FACILITY NAME (If not Institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR THE JOHNS HOPKINS HOSPITAL BALITMORE CITY NONE RESIDENCE OF DECEDENT 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND NONE BALTIMORE CITY 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 700 SPRINGFIELD AVENUE 21212 UNITED STATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—

If was anactive Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Ri 1 YES 24 NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced AFRICAN AMERICAN COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 2 YEARS 12th SALESMAN ESSCO 17. FATHER'S NAME (First, Middle, Last) 1a. MOTNER'S NAME (First, Middle, Malden Surname) WARREN B. Weems ALEASE YORKMAN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ALEASE WEEMS SPRINGFIELD AVENUE, 700 BALTO, MARYLAND 21212 Pe 20a. METHOD OF DISPOSITION

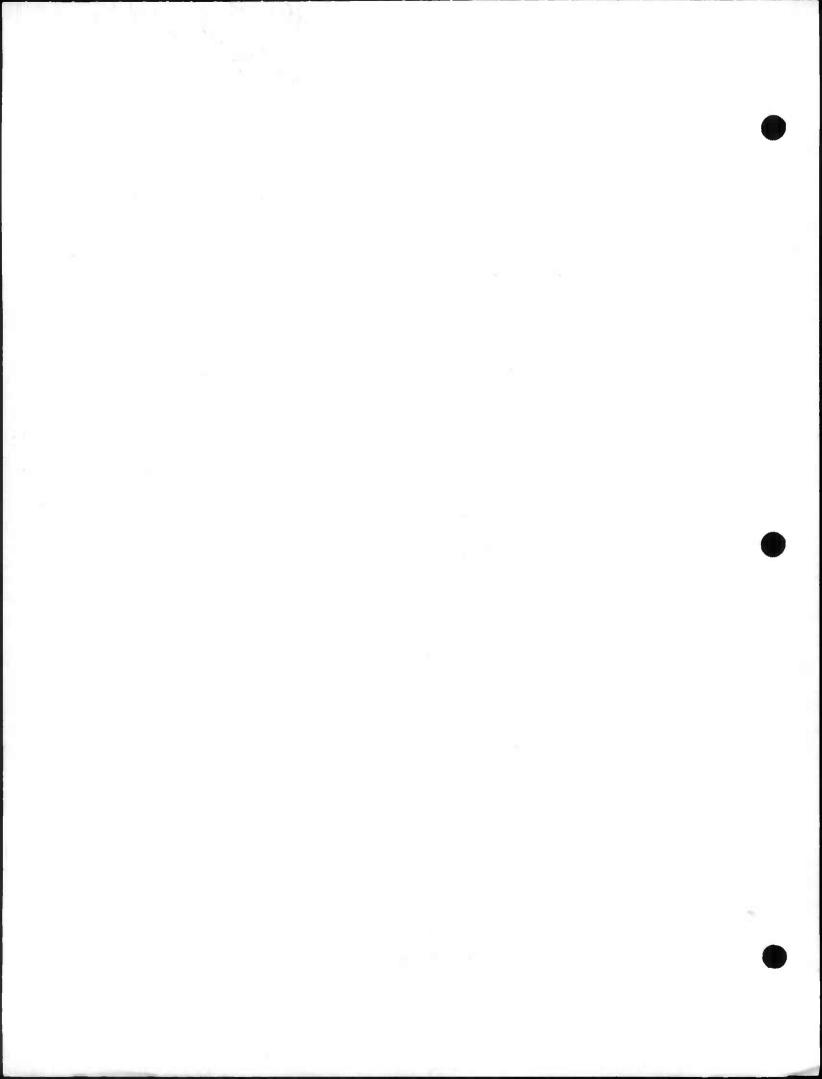
1X Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must CALVARY 4 Donation 5 Other (Specify) CEMETERY 4/24/93 Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CALVIN B. SCRUGGS FUNERAL HOME 1412 E. PRESTON ST. BALTO, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata ahock, or heert failure. Liet only one cause on each line. intervai Between Sudden cardiac death) IMMEDIATE CAUSE (Final Onset and Death the disease or condition recuiting in death) 1 minuto DUE TO (OR AS A CONSEQUENCE OF): happoxemia) week CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CURRY? DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST · DNEWNOC-Necks PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuee given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - 16 1 YES 2 NO X PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 1 - YES 2 - 90 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Nomicide 1 X CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER

> 5 KESWICK RD. 49 32. REGISTRAR'S SIGNATURE - Manda 10

4505

29d. DATE SIGNED (Month, Day, Year)

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FOR

STATE OF MADVI AND / DEDADTMENT

	1 - STATE REGISTRAR	SIMIE UF I	MANTLA	CERTIF					TEN I	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Jeannette	Ţ	S					2. DATE OF DEATH DAY YEAR YEAR 4				3. TIME OF DEATH 3 9 14 M	
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.		E OF BIRTH oth, Day, Year)		8. BIRTN Countr	PLACE (State or Foreign
	210 34 7912 9e. FACILITY NAME (If not institution, give si	1 □ M 2 🔀 F	3	38 YRS.						ch 15			
œ								ON OF DEA	ATH		9c. COU	INTY OF D	EATH
DIRECTOR	Manor Care of M	iontgome	sry (county	Pot	toma	С	_	_		Mon	tgom	ery
HE	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CITY LIMITS?
	Maryland Montg	omery		Che	evy.	Cha							1 TYES TO NO
MA	100. STREET AND NUMBER 5610 Wisconsin	7		11 11 0 11			ZIP CODE						HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN I	#507	12		0815		C OBIO	IN? (Specify Yea	USZ		American to 40
B	1 Never Married 2 Married 3 M Widowed 4 Divorced	FORCES? 1	YE\$	2 NO		If yes, sp	ecify Cuba	n, Mexican, Specify:	, Puerto	Rican, etc.)	Or NO-	Specif	- American Indian, White, atc.
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	1	16a. DECEDENT'S	vork done	durina mo		ia .	16	b. KIND OF BUS	INESS/IN	DUSTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	' life. Do NOT us	e retired.))							
COMPL	17, FATNER'S NAME (First, Middle, Last)			Homema	Ker	<u>-</u>	10 MOTH	IEDIO MAN		Middle, Malden			
	Benjamin Hoffma	n								evins			
O BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES					nber, City or Town		p Code)	
ĭ	Joy W. Cohen			same	as	#10	abo	ve					
	20a. METHOD OF DISPOSITION 1次 Burlel 2 ☐ Cremation 3 ☐ Rema	oval from State		LACE AND DATE (there also	1			OA			City or Ton	
	4 Donation 5 Other (Specify)	FNCFF		ai Isr	ael	_ Ce	mete	S OF FACE	4/1	8/93	Penr	isyl.	vania
	Daniella.	0-	Tre.							unera	1 но	omes	
	(1XHIXIQMUX	KIRAN			F	all	s Ch	urcl	h,	VA 2	2046	5	
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory errest, abock, or heart failure. List only one cause on each line. Approximate interval Batween Onset and Death disease or condition												
	resulting in death)			T.TC		ma	•						5deys
_	DUE TO (OR AS A CONSEQUENCE OF):												
2	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CEMILIFICATION	CAUSE (Diseese or injury	CUE TO	(OR 49 A C	ONSEQUENCE OF	D.								
	thet initiated evente resulting in death) LAST		(01 25 2	ONSEQUENCE OF	7:								į į
3	DART II ON - 1 MILLS												
Y	PART II. Other significant condition		death but	not reaulting i	in tha u	nderlying	ceuse g	lven in P	art I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	Ayper								_	1 🗌 YES 2	KNO.		OF DEATH?
	Corono	Lry Ar	rery	むいった	as e					}			1 Tes 2 No
SICIAN	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF OE	EATN (Chec	ck only o	ine)	-		
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpat	lent 3 DOA	OTHE		5 🗆 Re	sidence 8	Oth	er (Specify)			
Ē	27. MANNER OF OEATN 1 Netural 5 Pending	28e. OATE OF (Month, D		28b. TIM	E OF URY	28c. INJ WO	JRY AT		28d. OE	SCRIBE NOW IN	JURY OC	CUREO	
5	2 Accident Investigation	200 BLACE O	E IN HERW	***	М		ES 2 _						
3	3 Suicide 6 Could not be determined	building,	atc. (Specify	At home, farm, s	street, tac	tory, office	•			CATION (Street a or Town, State)	nd Numbe	r or Rural A	oute Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	- to and										
(Check only 1 CERTIFYING PAYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, one) 2 MEDICAL EXAMINED. On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.						and manner as stated.							
3	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUME					(Month, Day, Year)
	Thoma	a Sa	مطر	۷			O.C.	12	.5	8	•	4/16	193
-	30. NAME AND AGORESS OF PERSON WHO												
	Dr. Thomas Sac	cks , 2	021	K Stre	е,	NW W	ash.	ingt	on	DC			
- 1		JE. REGISTRA	n a alunAl	UNE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as me by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00



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Sidic L	ked, or item 23 s	
nie	5	
MIIIM	ked.	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32 REGISTRAR'S SIGNATURE Lulia Tevidon Bondades

Alexander.

APR 2 3 1993

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1993 Apri1 Maurice William Anderson 21 10:45 Pm 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) (Month, Dey, Year) 02/09/22 HOURS 1 X M 2 - F 215-16-2349 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 11300 Park Heights Avenue FUNERAL DIRECTOR Owings Mills Baltimore 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO Marvland Baltimore Owings Mills 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11300 Park Heights Avenue 21117 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuberi, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried BY Specify: 3 Widowed 4 Divorced WW II White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 Roofing Machanic Roofing 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Alex H. Anderson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Margaret 11300 Park Heights Ave. Owings Mills, MD Anderson 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State cemetery, crematory or other place)
<u>Metro Crematory</u>, Inc. Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. George 299 Frederick Road Balto., MD 21228 Ε. MacNabb 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, Dr heert failure. List only Dne ceuse on eech line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in death) TO OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in desth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 1 YES 2 NO OTHER: 1 | Inpatient 2 | ER/Oulpatient 3 | DOA ne 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending investigation 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) COMPLETED 3 Suicide 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piace, end due to the cause(s) end manner as stated. 206. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Aug 17643 AALIZ

04/22/93

U of MD Hosp. 22 S. Greene St. Balto., MD

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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
		1. DECEDENT'S NAME (First, Middle, Linst)								4	YEAR	3. TIME OF DEATH 3: 19 P	
	Maurice A	ten	11.11						4-21-93 DAY				
	132-07-0590	5. SEX	(iii yiai naci antiida)			IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)		Count		
	9a. FACILITY NAME (If not institution,		7.1						-			nsylvania	
Œ	Franklin Squ		96. CITY, TOWN OR LOCATION OF DEATH ROSSVIlle			ATH	Baltimore						
18	RESIDENCE OF DECEDEN		R			SVII	Te		Datelilore) T E		
DIRECTOR	10e. STATE 10b. C		Y, TOWN C	, TOWN OR LOCATION					10d. INSIDE CITY				
	Md. Baltimore					alk				1 TES 2 NO			
FUNERAL	10. STREET AND NUMBER						i i				ZEN OF	WHAT COUNTRY?	
Ä	7303 Dunbroo		21222				U.S.A.						
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	FORCES? 1XXYES 2 NO			13. WAS DECENDENT OF HISPANIC ORIG If yes, specify Cuben, Maxican, Puarto							
B	3√XWidowed 4 □ Divorced	IF YES, GIVE	IF YES, GIVE WAR OR DATES W. W. I			1 TYES 2 NO Specify:				Speci			
0	15. DECEDENT	16a. DE	16a. DECEDENT'S USUAL OCCUPATION					White			ite		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1 2 yrs 17. FATHER'S NAME (First, Middle, Last) N / A A TION 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Machinist 18. MOTHER'S NAME (
MP	12 yrs		Ma	Machinist					St	Steel Co			
8	17. FATHER'S NAME (First, Middle, La N/A AT		18. MOTHER'S NAME					IE (First, Middle, Malden Surname)					
BE				Not Known					1				
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAKLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cook Oscar Hoyle (Friend) 16 Flagship Rd Dundalk Md 21												
			Rational Rational Republication of the results of the resul										
		METHOD OF DISPOSITION Burlat 2Al Cremation 3 Removal from State Donation 5 Other (Specify) Donation 5 Other (Specify) Donation 5 Other (Specify) Donation 5 Other (Specify) Donation 5 Other (Specify) Donation 5 Other (Specify) Donation 5 Other (Specify) Donation 5 Other (Specify) Donation 5 Other (Specify) Date 20c. LOCATION - City or Town, State Crematory or other place) GreenMount Crematory 4-23-93 Balto., Md.										11 12 2 1	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perkins Bradley-Ashton Fune											Ito,	, Md.	
											neral Home Inc		
\vdash	22 DADT I Enter the disease or completing that we have												
	anock, or heart fellure. List only one ceuse on eech line.												
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death	
	resulting in death) a. Cardiac dysrhythmia Due To (on As A consequence of):												
z	Change de la constitue de la c												
ERTIFICATION	Sequantially list conditions, if any, laeding to immediata					Stat	JUS -	105 L	My ocaru	ai III	art	LIPII	
<u>S</u>	cause. Enter UNDERLYING X 2,010 anteroseptal cardio									omyopathy			
	that initiated events resulting in death) LAST		OR AS A CONSEC	DUENCE O	F):								
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AL	PART II. Other alignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?										24b	WERE AUTOPSY FINDINGS	
191										2 D NO		COMPLETION OF CAUSE OF DEATH?	
뿔									_			1 YES 2 NO	
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
HYS	1 YES 2 NO		ER/Outpatient 3		4 🗆 Nun	alng Home	_	sidence (B Other (Specify)				
P	1 Natural 5 Pending	(Month, I	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?					1 100	28d. DESCRIBE HOW INJURY OCCURED				
BY	2 Accident Investiga 3 Suicide	28a. PLACE	28a. PLACE OF INJURY — At home, farm, street, fr				M 1 YES 2 NO			OCATION (Street and Number or Rural Route Number,			
E I	4 Homicide determined building, atc. (Specify)								ate)	The state of the s			
MPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
one) 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occured at the time, date and place												i) and manner as stated.	
8	290_ SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)												
10 Bruth (1. 4. Tu DO) HUUGED											L) /-	21/97	
임	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CALL	SE OF DEATH (ITEM	1 27) (Type,	Print)		11 (- /	0	+ /	-///	

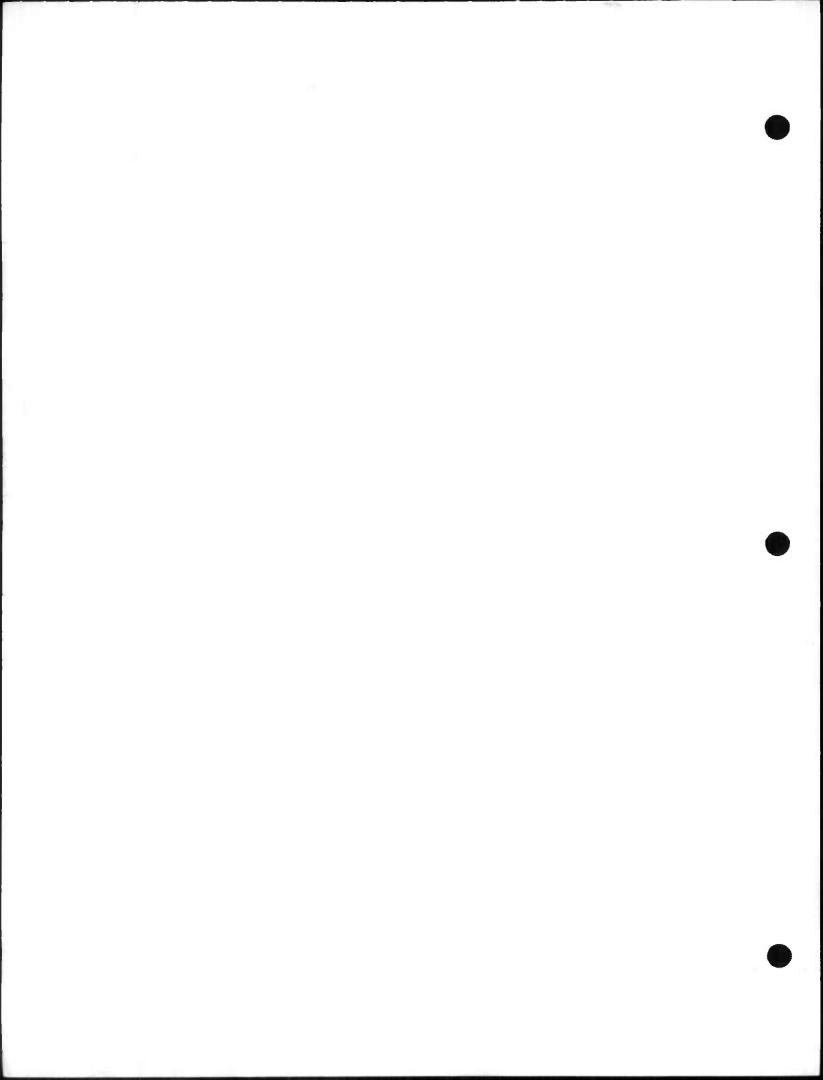
ier 9000 Franklin Square Dr. Baltimore, Maryland 21237

4+

Dr. Bonita Portier

31. DATE FILED (Morith, Day, Yber)

APR 23 1993 July



YEAR

9c. COUNTY OF DEATH

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

Specify:

3. TIME OF DEATN

01 00A

10d. INSIDE CITY

14. RACE — American Indian, Black, Whits, etc.

1 YES 2 NO

White

8. BIRTHPLACE (State or Foreign

Maryland

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last.

1 -

IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p
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GEORGE ALMONY 04 01 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. Jan. 20, 1915 215 12 5357 XX M 2 F 78 YRS. permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR GREATER BALITMORE MEDICAL CENTER TOWSON RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10s. STATE BALTIMORE PARKTON FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE be detached for use as the burial-transit 17503 Bunker Hill Road 21120 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Ri 1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp dary (0-12) College (1-4 or 5+) Aircraft Electrician Aircraft Mfg. 12 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Lillie B. Norris notified at Benjamin H. Almony BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret R. Almony 17503 Bunker Hill Rd., Parkton, MD 21120 9 28e METHOD OF DISPOSITION
143 Burisl 2 Cremetion 3 Removal from State April⁴, 20b. PLACE AND DATE OF DISPOSITION (Name of must McKendree Cemetery 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY J.J. Hartenstein Mortuary, Inc. Thichar 24 Second St., New Freedom, PA 17349 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, 28 is marked, or Item 23 shows any Injury, or other traumatic event, the disease or condition RESPIRATORY ARREST resulting in death) DUE TO (OR AS A CONSEQUENCE OF) RIGHT UPPER, MIDDLE & LOWER LOBE PNEUMONIA MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING MULTI-INFARCT DEMENTIA CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. CHRONIC RENAL FAILURE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATN 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 📋 Nomicide FUNERAL DIRECT within 72 hours a STANT: If Item 2 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and manner as stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3313 Paper Mill Road

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20c. LOCATION - City or Town, Stats White Hall, MD intarvai Between Onset and Death 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 TYES 2 X NO 1 YES 2 NO 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dats and placs, and dus to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, War) 4-8-87 21131 DHMH-16 Rev 1/89

29c. LICENSE NUMBER

Phoenix MD

D33011

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IMPORTANT:

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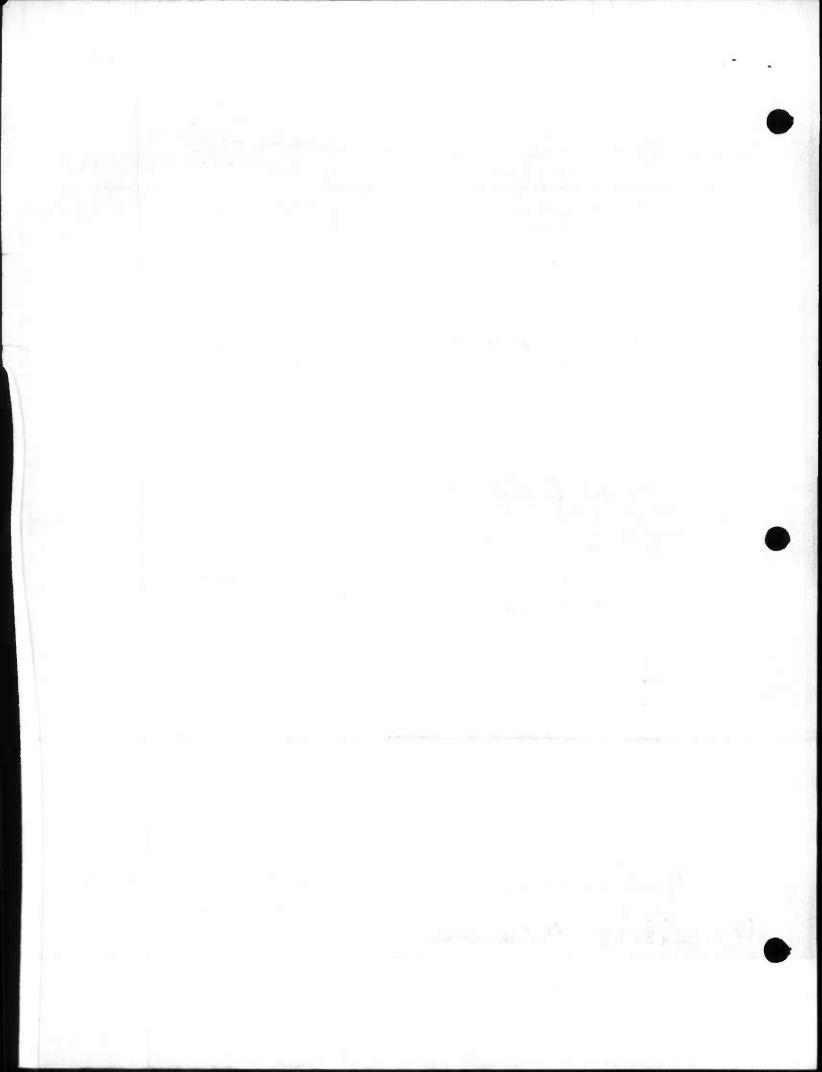
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GIONATURE AND TITLE OF CERTIFIER

Wiedefeld

M.D.

MA JAH STRAM SIGNATURE



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BALTIMORE, MARYLAND 21215-0020

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signed by the attending physician Health and Mental Hygiene prior to

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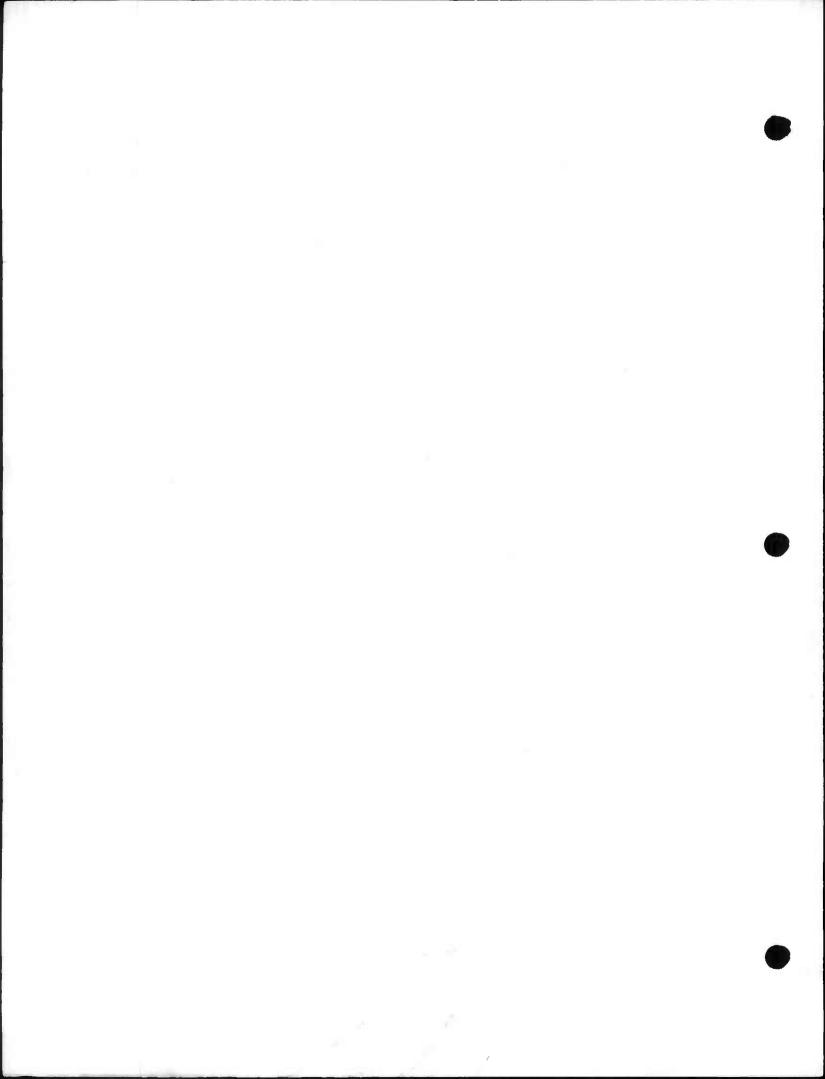
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DOBITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate he executed within
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH RANC AGGER FRANCES AGGER MONTH 3:45A 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 2-03 -3128 1 M 2 F DAYS HOURS YRS APRIL 3,1917 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. GOUNTY OF DEATH Hosp BALT DIRECTOR 10WSON 205 more RESIDENCE OF DECEDENT 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE MARYLAND 1 TES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21209 1838 AUTUMN FROST LANE USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES A 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, While, etc. If yes, specify Cuben, Mexican, Pt

1 YES 2 NO Specify: 1 Never Married 2 Married В 3 Wildowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) HOUSEWIFE AT HOME 12 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
LOTTIE KALSON notified at HYMAN MOLL BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1838 AUTUMN FROST LANE BALTIMORE, MD 21209 MRS KAREN KIRSCH 9 20a. METHOD OF DISPOSITION
1 V Burlel 2 Cremation 3 V Removal from State
4 Donation 5 Dotter (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata 4-21-93 SHALER TOWNSHIP, PA. must "TTPHERETH" ISRAEL examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF THE BROS., INC. lensu 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 the medical 23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reepiretory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) INRAUSIS traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or injury Injury, or other QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? shows any 1 YES 2 NO 1 YES 2 NO has be Dept. c PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Rasidenca 6 - Other (Specify) 0 27. MANNESLOF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked, 1. Natural 5 Pending Investiga 1 YES 2 NO BY 2 Acrident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 6 Could not be COMPLETED 4 Homicide 28 TO THE HOSPITAL OR ATTO TO THE FUNERAL DIRECTO be filed within 72 hours aff IMPORTANT: If Item 21 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion dua to the cause(s) and manner as stated 29d. DATE SIGNED (Month, Day, Year)

- 4/13/93 BE 29c. LICENSE NUMBER

DUD 390 HOUSE -SMARK 2 303NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Type, Print) 10WCon. APR 2 3 1993 32. REGISTRAR'S SIGNATUR

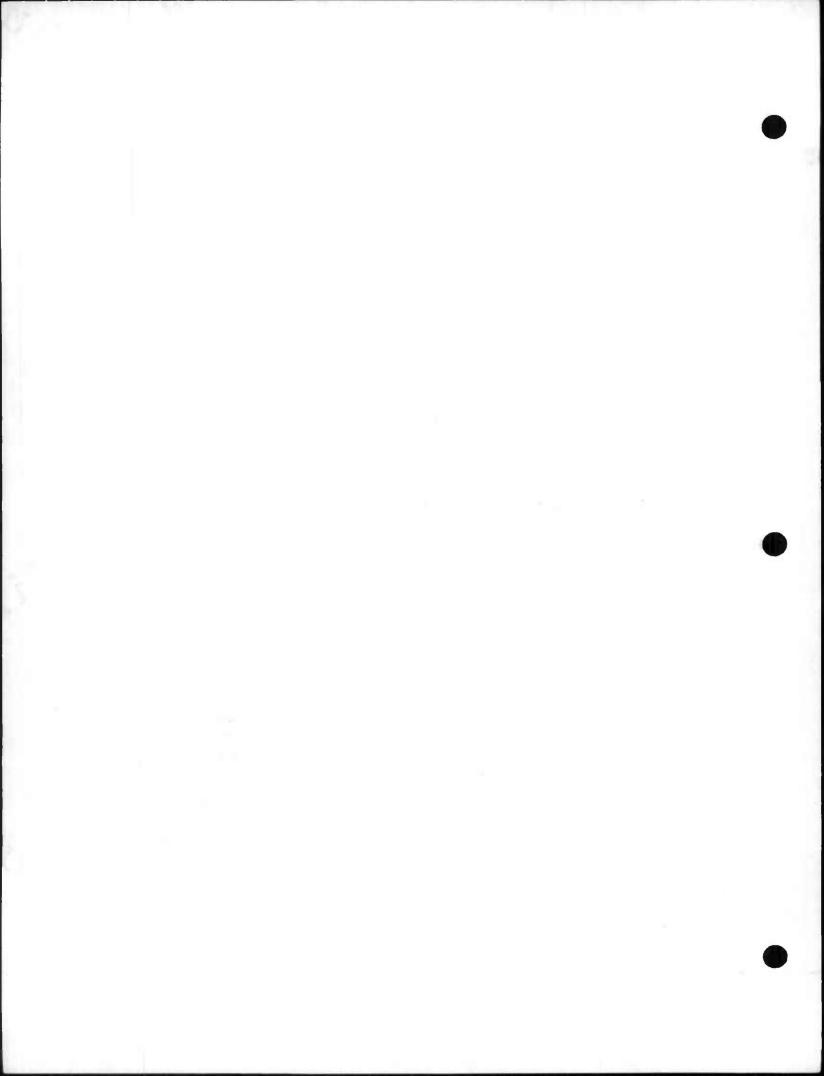


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	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		C	ERTIFICATE	0	F DEAT	TH		REG.	NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI			MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, La.	st)				2. DATE C			3.1	TIME OF DEATH _	
- 3	HII	BERT HILTON BA	TIEV CD			MONTH	DAY	OO2 YE	AR J.	Р	
- 1	4. SOCIAL SECURITY NUMBER						R 20 1			9:40 M	
			MONT		UNDER 24 HRS.	7. DATE O (Month,	F BIRTH Day, Year)	0.8	BIRTHPLA Country)	CE (State or Foreign	
	253-24-0398	1 € M 2 □ F	77 YRS.			APR 5 1916 GEORGIA					
	9a. FACILITY NAME (If not institution, given	ve street and number)	9b.	CITY, TOWN OR L	OCATION OF DE	HTA		9c. COUNTY	OF GEATH		
5	NATTONAL NAVA	I MEDICAL CENT	PED	חוותים מ	CDA			MON	TOOL	7777	
5	NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOME										
	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									. INSIDE CITY LIMITS?	
5	MARYLAND M	ONTGOMERY		SILVER	CDDING				11	YES 2 THO	
اي	10e. STREET AND NUMBER	ONTGONERT		10f. ZIP				10g. CITIZEN			
2	1000 7007										
FUNERAL DIRECTOR	1929 ROSEMARY		PT 3		20910					STATES	
2	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DE		13. WAS DECEND	ENT OF HISPAN Cubari, Mexican			r No- 14.	Black, Wh	lmerican Indian, ite, etc.	
5	3 Widowed 4 Divorced				NO Specify				Specify:		
		1939 -								BLACK	
9	15. DECEOENT'S E (Specify only highest gri		16a. DECEDENT'S USUA (Give kind of work of	AL OCCUPATION lone during most of	working	16b. I	KINO OF BUSI	ESS/INDUST	THY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)							
COMPL		1	U.S.AR	MY		ים ו	EFENSE				
5	17. FATHER'S NAME (First, Middle, Last)		- 10-11		. MOTHER'S NAI			imame)			
ונ	JEREMIAH ORANG	E BAILEY				E JA					
o H	19a. INFORMANT'S NAME (Type/Print)		105 MAII 110 CO	DEED (Over 11)							
2			19b. MAJLING ADD	nicoo (Street and N	rumper or Rural F	wure Numbe	r, City or Town,	State, Zip Coo	70)		
	ORA MAE BATLEY		1929 R	OSEMARY	HILLEI	RIVE.	SILV	ER SPI	RING.	MD 20910	
- 1	20a. METHDD OF DISPOSITION 1 ◯X Burlal 2 □ Cremation 3 □ R		PLACE AND DATE OF DIS		of	OATE	20c, LOC	TION — City	or Town,	State	
	4 Donation 6 Other (Specify)	0011	lington Nat		emeter	v 4/2	7/93 7	rling	ton.	VA	
Ì	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND A	DORESS OF FAC	HUTTY			20117		
	▶0 / T	V+ + 7	TI	STEWART							
	John I.	sewan 1	4-	4001 B∈	nning	Road,	N. E.	,Wash	ingt	on, D. C.	
	23. Part I. Enter the diseases, c shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CHRONIC	och line. OBSTRUCTI					nory arrest,		Approximate interval Between Onset and Death	
		OUE TO (OR AS A	CONSEQUENCE OF):		_						
ξ [Sequentially list conditions,										
= 1	if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):								
AIILICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	C.									
	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):								
3	resulting in death) LAST	a a									
Š									-		
4	PART II. Other significant condit	ions contributing to death b	ut not resulting in the	e underlying ca	use given in	Part I.	24a. WAS AN A			RE AUTOPSY FINDINGS	
							PERFORM			ILABLE PRIOR TO IPLETION OF CAUSE	
MEDIC						_	1 YES 2 [X NO	OF I	DEATH?	
						-			1 [YES 2 NO	
إ إ											
THI SICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				OF DEATH (Che	ick only one;					
5	1 TYES 2 NO	HOSPITAL:		HER: Nursing Home 5	Residence	8 🗆 Other	(Specify)				
	27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIME OF	28c. INJURY	AT		RIBE HOW IN.	URY OCCUR	ED		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	M 1 YES	2 NO						
5	2 Accident Investigatio	28a, PLACE OF INJURY	— At home, farm, street,			201 1 000	DON (Om.	d Marie -	h-12	N	
3	3 Suicide 6 Could not i	building, etc. (Spec	ify)	ractory, office			TION (Street an Town, State)	a Number or F	surai Houte	Number,	
COMPLETED											
	296. CERTIFIER 1XX CERTIFYING PH	YSICIAN: To the best of my know	ledge, death occurred at i	the time, data and	place, and due	to the caus	e(s) and mann	or as stated.			
	ament .	INER: On the basis of axamination							use(s) are	manner as stellar!	
3	X										
	286. SUCHATURE AND TITLE OF CERTIN			290	c. LICENSE NUM	BER		Ped. DATE SK	GNEO (Mor	nth, Day, Year)	
	7	N. W.V			430106	0921	(MT)	1 21	Ar	ml 53	
	SO, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	N	ATIONAL			ICAT. C	ENTE	R	
	K. E. ZAWACKI,	LT. MC. USN			ETHESDA				- 1-47 I L		
			PURA	LICI.	LITEODA	L PID 4	-0009-	7000			
	APR 23 1993	grina Davidson-V	andelle								



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE C	F DEATH	REG. NO).			
		Sabina		rnfeind				L8 S	3. TIME OF GEATH		
9		4. SOCIAL SECURITY NUMBER 212-09-5371	1 🗆 M 2 💢 F	AGE (In yrs. lest birthday) 87 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 6-3-190		HATHPLACE (State or Foreign Country) Maryland		
2, 3 should	TOR	99. FACILITY NAME (If not institution, give s Eastpoint Nursin RESIDENCE OF DECEDENT				n on Location of D	EATH	Ba. COUNTY	of DEATH Ltimore		
burial-transit permit. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY Maryland			Y, TOWN OR LO	CATION DUNG	dalh		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
sit permit	FUNERAL	100. STREET AND NUMBER 302 Oakwood Roa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		101. ZIP CODE 21.2			OF WHAT COUNTRY?		
the burial-tran	BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	If yes		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No- 14, I	United States RACE - American Indian, Black, White, etc. Specify: White		
Se	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUSTI			
detached once.	COMPL	10th Grade 17. FATHER'S NAME (First, Middle, Last)		Secre	tary	18. MOTHER'S NA	Americ		Company		
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	2	Mrs Germaine F.	Thomas	809 1	oalan.	Avenue Du	ındalk, Mav	ryland	21 222		
e funeral director, page it. examiner must be		NC Burlal 2		20b. PLACE ANO DATE comotory or or or or a Lawy	i Cemet	eru a	1/21/93 1	Baltimo	re. Maryland		
62 755		Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk. Maryland 21222									
completely filled in by the ial, cremation, or removal event, the medical e		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	aCUN	OF ESTIVE	E HEA	-		iratory arrest,	Approximate interval Between Onset and Death		
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H H	CERTI	that initiated events resulting in death) LAST d d									
signed by the Health and Me ws any Injur	MEDICAL		to the thrus	ath but not resulting	in the underly	ring ceuse given in	Part I. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
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acts with the marked, or	ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. DATE OF INJU (Month, Day, Ye	URY 28b, TIN	IE OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	INJURY OCCURE	D		
RECTOR: After this yes after death with ym 26 is marker	TED	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	street, factory, o	ffice	261. LOCATION (Street City or Town, State)		ral Route Number,		
A:)	COMPLE		CIAN: To the best of my I						use(a) and menner as stated.		
TO THE RUES De fied with IMPORTANT:	TO BE (296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHI	Mrs. at	F Denth (TEN 27) (Type	Print)	29c. LICENSE NUI	4618	29d. DATE SIG	NED (Month, Day, Year)		
			atos M.D.	21 Cra	nbrooke	e Rd. 2	1030				

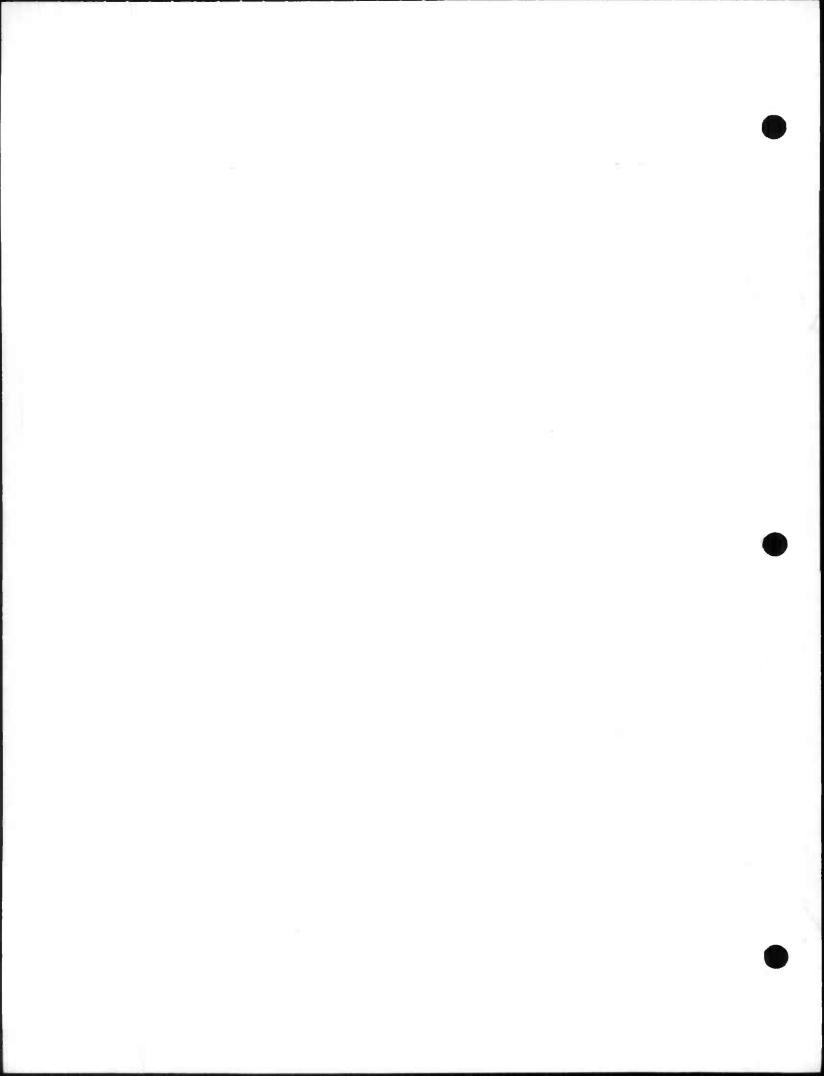
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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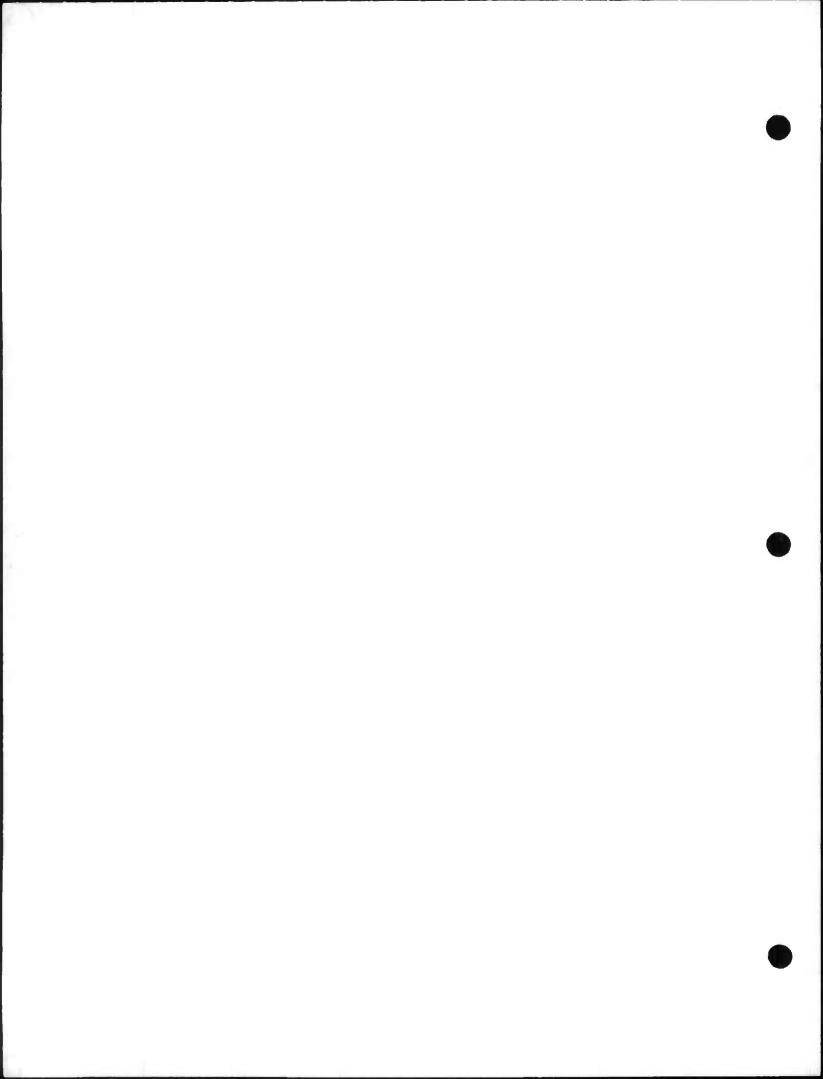
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9	DIRE	hours	Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the
TAL	TO THE ALLERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	7 7	=
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11667 1 - FOR STATE REGISTRAR 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Aticidia Lasti				70711					EG. NO.		1	
- 3						I	2. DATE OF E	DA		YEAR	3. TIME OF DEATH			
	Alma Loi							04-21-93			11:10 p M			
	4. SOCIAL SECURITY NUME	BER	5, SEX	8. AGE (In yrs.	last birthday)	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF B	HATH v. Year)		Country	LACE (State or Foreign
- 1	220-09-697	72	72 YRS. 500 10				Merre,	12-9-	20		Mar	yland		
	9a. FACILITY NAME (# not in	stitution, give s	treet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
<u>۳</u>	Greater Ba	altimo	re Medica	al Cent	er	T	owso	n				Bal.	timor	9.
Ы	RESIDENCE OF DEC											54.	-	
DIRECTOR	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	FION						10d. INSIDE CITY
a	Maryland	Balti	Lmore		Co	ckey:	svil	le						LIMITS?
											HAT COUNTRY?			
<u> </u>	10313 Malco	olm Cir	r					210	30			U.S		
FUNERAL	11. MARITAL STATUS	72.0 02.	12. WAS DECEDEN	T EVED IN II C	ADMED	12	WAS DEC			IC ORIGIN? (Sp				45 45 54 40
ㄸ	1 Never Married 2 🔀	Married	FORCES? 1	YES 2	NO		If yes, sp	ecify Cube	n, Maxican	, Puerto Rican	, etc.)	or No-		— American Indian, Whita, etc.
à l	3 Widowed 4 Dive	erced	IF YES, GIVE Y	MAR OR DATES			1 TYES	2 (S) NO	Specify:				Specify	
	15 DEC	EDENT'S EDUC	CATION	100	DECEDENT'S	Hellal	COLIDATI	ON		401 4001		INESS/INC	Whi	.te
2	(Specify onl	y highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo		ng	100, KIN	D OF BUS	IINESS/INE	USTRY	
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Σ	12 yrs				House	wrre					wn H			
COMPLETED	17. FATHER'S NAME (First, M		_							AE (First, Middle		Sumame)		
BE	James W.		s, Sr.							L. Dan				
2	19a. INFORMANT'S NAME (7									oute Number, C				
-	Harry A. Blo	oom			1031	3 Ma	lcol	m Ci	r. Co	ockeys	vill	e, M	d. 21	.030
	20a. METHOD OF DISPOSIT		med from State		E AND DATE			ame of		OATE	20c. LOC	CATION —	Cify or Tow	rn, State
	4 Donation 8 Other		- Tom State	- Cemetery, MO	relan	d Mei	mori	al P	ark	4-26	Cod	kevs	ville	. Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE		-	22.	NAME A	ND ADDRE	SS OF FAC	ILITY				, , , , , , , , , , , , , , , , , , , ,
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	23. PART i. Enter the d shock, or h	eart failure.	Dimplications tha List only one cau	t caused the use on each ii	death. Do ne.	not enter	r the mo	de of dy	ing, such	aa cardiac	or reapi	ratory an	est,	Approximate
	shock, or heart failure. List only Dne cause Dn each line. IMMEDIATE CAUSE (Final Onset and Death													
	disease or condition reaulting in death)	→	Large	tricu	spid	valv	e th	romb	us					immediate
1	traditing the death,		DUE TO	(OR AS A CONS	SEQUENCE O	F):								
z			Rheun	natic h	eart	dise	ase							chronic
CERTIFICATION	Sequentially list conditi if any, leading to imme		DUE TO	(OR AS A CONS	SEOUENCE O	F):								
3	cause. Enter UNDERLY	ING	е.											
Ĕ	CAUSE (Disease or injuthat initiated eventa	lry ,	DUE TO	(OR AS A CONS	SEQUENCE O	F):								!
E	reaulting in death) LAS	т 📗	4											
- 11														
EDICAL	PART II. Other algoritica	ondition	a contributing to	death but no	t resulting	In the u	nderlyin	g cause (given in F	Part I. 24a	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
읽	markeu ce	ca i ai	Tu Coloni	ic ulla	tatio	11				_ ×	YES 2			COMPLETION OF CAUSE OF GEATH?
														1 XYES 2 NO
2										_				
₹	25. WAS CASE REFERRED TO	O MEDICAL					28. Pt	ACE OF D	EATH (Chec	ck only one)		_		
SICIAN	EXAMINER?		HOSPITAL:	EB/Outpetlant	3 □ DO4	OTHE					161			
PHY	27. MANNER OF DEATH		28a. DATE OF		28b. TIN		28c. INJ		esidence t	28d. DESCRIE		HIEV OC	TIBED	
		Pending	(Month, D			JURY	WC	PK?	¬ NO	aud, pegonic	L HOW II	WONT OC	JONED	
B	E COMMIN	Investigation	28a PLACE O	F INJURY — AI	hama farm	-11				*** *******				
		Could not be determined	building,	etc. (Specify)	nome, tarm,	atreet, raci	tory, onic			28f. LOCATION City or Tox	N (Street a wn, State)	nd Number	or Rural Ro	ute Number,
										7.1				
뢰Ⅱ		TIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occum	ed at the t	time, date	and placa	, and due t	to the cause(a)	and man	ner ea stat	ed.	
COMPLE	one) 2 MEDI	ICAL EXAMINE	R: On the beals of a	xamination and/e	or investigation	on, in my o	opinion, d	leath occur	red at the t	lme, data and	placa, and	d due to th	e cause(a)	and menner as stated.
ו ת	296. SIGNATURE AND TITLE	OF CERTIFIER	0 1	LAO				29c. LICI	ENSE NUM	BER		29d, DAT	E SIGNEO (Month, Day, Year)
ן מ	(301)	2 2	1/2 Da	M()				D	38352	2		•	04-2	Month, Day, Year) 2-93
2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED ALL	SE OF DEATH (I	TEM 27) (Type	Print)								- "
})			2 1 1 2	v CT	wast.	Tour	on M	n 01/	20.4	
}	Beth R. Sc 31. DATE FILED (Month, Day,			L'S SIGNATURE	0/01	N Ch	arie	2 ST	reet	Tows	on M	U 41	404	
	APR 2			avidson-1	Buda 60									
	HTK &	1333	1	I MODI A	- In-coc				-					

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	D / DEPARTME CERTIFICATION	NT OF H	EALTH AN	D MENTA	AL HYGIEN		J	1100	U
	1. DECEDENT'S NAME (First, Middle, Last)					2. DAT	E OF DEATH			3. TIME OF DEAT	н
	JAMES N. BREWER, SR	₹.				MON	ÄPRIL D	$\frac{20}{20}$, 1	YEAR 993	11:35	Ры
	4. SOCIAL SECURITY NUMBER 5. SE	X 6. AGE (In yr.		DER 1 YEAR	IF UNDER 24 HF	s. 7. DATE	OF BIRTH	1	8. BIRTHE	LACE (State or Fo	
	215-05-9607 1%	M 2 □ F 81	YRS. MONTH	S DAYS	HOURS MI	**	th, Dmy, Year) • 4 • 191	, [D A T) FIMORE	
	9a. FACILITY NAME (If not institution, give street end	d number)	9b. C	ITY, TOWN O	R LOCATION O		• 7 • ± 2 ± .	9c. COUN			
Di li	ST. AGNES HOSPITAL RESIDENCE OF DECEDENT 100. STATE 101. COUNTY MARYLAND BALTIMORE 102. CITY, TOWN OR LOCATION 103. INSIDE CIT LIMITS 104. INSIDE CIT LIMITS 105. STATE 106. CITY, TOWN OR LOCATION 107. INSIDE CIT LIMITS 108. STATE 109									104 INSIDE CITY	
E										LIMITS?	
100. STREET AND NUMBER 100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT C									1 YES 2	NO	
									TAT COUNTAIT		
5	11. MARITAL STATUS 12 W	AS DECEMENT EVER IN II O	. ARMED	3. WAS DEC	ENDENT OF HIS		N? (Specify Yes		S.A.	- American India	10
		ORCES? 1 YES 2 YES, GIVE WAR OR DATES	√z NO	If yee, spe	elfy Cuben, Me 2 ₩ NO Sc	xican, Puerto	Rican, atc.)	10000	Black, Specify	White, etc.	
ЭВУ	3 Widowed 4 Divorced				X				оросну	WHITE	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complet	ted)	. DECEDENT'S USUAL (Give kind of work do	ne durina mos	N st of working	16	b. KIND OF BU	SINESS/INDU	JSTRY		
<u>"</u>		ege (1-4 or 5+)	lite. Do NOT use retired	-							
Ž	6TH GRADE 17. FATHER'S NAME (First, Middle, Last)	1 8	TATIONARY	ENGI			LLIED		CALS		
	WALTER BREWER						Middle, Maiden	Surneme)			
出	19a. INFORMANT'S NAME (Type/Print)					NA WOI					
임	JAMES N. BREWER, JR.		19b. MAJLING ADDRI						,	_	
		20h BL/	2810 VE			E-BAL1		MD.			
	20e. METHOD OF DISPOSITION 1	om State cemeter	RO CREMAT		me or	4/2	. 1			m, State	
	21. SIGNATURE OF FUNERAL SURVICE LICENSEE				D ADDRESS OF		.Z B	ALTIM	ORE	***	
	118 1 1 111 4				D FUNE						
\vdash	Odnu H. III	Mura,	4	107 W	ILKENS	AVEN	UE-BAL'	TIMORI	E, MI	21229	9
	23. PART i. Enter the diseases, or complice shock, or heart failure. List on	cations that caused the ally one cause on each	e death. Do not ent line.	er the mod	de of dying,	such as car	diac or reap	ratory erre	st,	Approximation interval Be	
	iMMEDIATE CAUSE (Final disease or condition	0.15			2					Onsat and	Death
	resulting in deeth) a	Carain (all	est						1-2	Mu
_	_	DUE TO (OR AS A COM	NSECUENCE OF):	000	dia	0 1	1	1.		1	
<u> </u>	Sequentially list conditions, b.	DUE TO (OR AS A CON	SEQUENCE OFI:	ocar	aca	-	ufai	cu	n		
Ă	If any, leeding to immediate cause. Enter UNDERLYING		0				0			Ì	- 1
프	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM	SEQUENCE OF):							1	
CERTIFICATION	resulting in death) LAST										I
5	PART ii. Other significant conditions control	ributing to death but a	at acquition to the						_	1	
CAL	rn. D. D	riboting to death but h	or readiting in the	underlying	cause given	in Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FI AWAILABLE PRIOR	то
MEDIC	Dinetat	000					1 YES 2	Z/NO		COMPLETION OF C DF DEATH?	AUSE
	- Mostale	- carce	uona						1	T YES 2 D	Ø
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			00 01	105 05 05 15	100	L				
50	EXAMINER? HOS	PITAL:	ОТН	ER:	ACE OF DEATH						-
Ě	N .	npatient 2 - ER/Outpatien	28b. TIME OF	28c. INJU	Residen	7	er (Specify) SCRIBE HOW I	N ILIBY OCC	IDED		
	Natural 5 Pending	(Month, Day, Year)	INJURY	wor		200.00	JOHN DE HOW	NOON OCC	UNED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	80. PLACE OF INJURY - A	it home, farm, street, f			281. LO	CATION (Street	and Number (or Bural Bo	ute Number	-
邑	4 Homicide determined	building, etc. (Specify)		,,		City	or Town, State)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		are rearraid,	
Ш	29e. CERTIFIER	a the heat of my beauty de-	4 4								
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To come) 2 MEDICAL EXAMINER: On the									and manner as at	and a
	29b. SIGNATURE AND TITLE OF CERTIFIER		and any action, in in	, spinkon, 00			- and place, en				ared.
BE	AND THE OF CENTIFIER	An			29c. LICENSE	NUMBER	1	29d. DATE	SIGNED (Morith, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMP	AN VEN	(TEM 27) /New Order		1226	50 1		14	2	193	\blacksquare
	DR. RANI KARIPINENI	/ 4000 ANNA	POLIS ROA	D - B	ALTIMO	RE, M	2122	(PARI	K HAN	NNA BLDO	G.)
	APR 23 1993	Davidson-Rand	102.								



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 354 YEAR Daubdock - 120 beth 4-4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 1 - M 2 XXF 174-50-0737 89 April 29,1903 Arlington, VA Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Malcolm Grow USAF Medical Center Prince George's Camp Springs RESIDENCE OF DECEDENT 10b. COUHTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Clinton 1 TES 2 NO permit. FUNERAL 10e. STREET AHD NUMBER 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? detached for use as the burial-transit 4903 Rodgers Drive 20735 United States retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Merried 2 Married BY Specify: 3 X Widowed 4 Divorced **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/IHDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Homemaker Own Home 8 17. FATHER'S HAME (First, Middle, Last) 16. MOTHER'S HAME (First, Middle, Maiden Surname) funeral director, page 5 should be る Betty Willis James Hargrove BE notified 19a, IHFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 (Son) 733 Spruce Street, Bristol, Pennsylvania 19007 Delbert Bauldock 2 pe 20a, METHOD OF DISPOSITION

1 Buriel 2 Cremetton 3 Removal from State 4DATE9 20c. LOCATION — City or Town, State Page 6 may 20b. PLACE AND DATE OF DISPOSITION (Nama of must Rolling Green Memorial Park 1993 West Chester, Pennsylvania 4 Donation S D Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE #M00690 22. NAME AND ADDRESS OF FACILITY Wood Funeral Home within 24 hours after death. Causen kruand 5537 W. Girard Avenue, Philadelphia, PA 19111 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or haert failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition fre enterme arters politice cardiovas enterde event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): executed traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate å cause, Enter UNDERLYING death certificate CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? requires that shows any 1 X YES 2 7 10 Private 1 TES 2 HO been of Autopsy at 1 has be Dept. PHYSICIAN: MP. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item State EXAMINET? certificate HOSPITAL: OTHER:
4 | Hursing Home 5 | Residence 8 | Other (Specify) 1 | Inpetient 2 | ER/Outpetient 3 🗆 DOA the S 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. IHJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED With is marked, this 1 Natural 5 Pending 1 YES 2 NO ВУ death 2 Acciden 28e. PLACE OF IHJURY — At home, ferm, street, factory, office 3 Sulcide 281. LOCATIOH (Street and Number or Rural Route Number, City or Town. State) S Could not be DIRECTOR: A COMPLETED 28 4 Homicide Item 8 29e. CERTIFIER 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If It 2 XXMEDICAL EXAMIMER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIED LICEHSE HUMBER 29d. DATE SIGNED (Month, Day, Year) BE usp 9

Day don-hande

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
if death. Page 6 may be retained by the hospital or att	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

	71201011001		OEMIN	CAIL	PEAIN	REG. NO)	
,	Bacie Wicz, Ha	zel LHa	zel L.	Baci	ewicz	2. DATE OF DEATH MONTH 2	AY YEA	3. TIME OF DEATH 2023 M
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In	yrs. lest birthday) 2 YRS.	IF UNDER 1 YE.	A IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 08-11-3(8. B	HRTHPLACE (State or Foreign ountry)
	9a. FACILITY NAME (If not institution, give street an	nd number)		A1 - OUT 1 TO	VN OR LOCATION OF DE			
DIRECTOR	Kimbrough Army		s P		Meade		Anne	ARundel
8	10e. STATE 10b. COUNTY		10c CITY	, TOWN OR LO	CATION			Last major over
	Anne Ar	undel			n, MI	21141	+	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		obs Rd			2114	4		S A
5		MAS DECEDENT EVER IN I	U.S. ARMED	13. WAS	DECENDENT OF HISPAN	NC ORIGIN? (Specify Ye	s or No- 14. F	RACE — American Indian,
B		F YES, GIVE WAR OR DAT		1 🗆	, specify Cuben, Mexical YES X NO Specify	n, Puarto Rican, etc.)		Black, White, etc. Specify: White
	15. DECEDENT'S EDUCATION (Specify only highest grade comple	otnet)	16e. DECEDENT'S	USUAL OCCUP	ATION	16b, KIND OF BU	SINESS/INDUSTR	TY .
COMPLETED		ege (1-4 or 5+)	Housewi		most of working	Hous	sehold	
8	17. FATNER'S NAME (First, Middle, Last)				18 MOTHER'S NAI	ME (First, Middle, Meiden	0	
BE C	unknown				ur	nknown		
2	Anthony J. Bacie	wicz	196. MAILING 841	9 Ja	et and Number or Rural F	oute Number, City or Tow , Severn	n, State, Zip Code	21144
	20a. METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremation 3 ☐ Removal in 4 ☐ Donation 6 ☐ Other (Specify)	om Stata 20b. P	PLACE AND DATE OF PARTY OF OTHER PROPERTY OF THE PROPERTY OF T	FDISPOSITION her plecel Vetel	(Name of cans Cem.	DATE 20c. LO	OWNSVI	r Town, State
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	6/11			desty Fu			
	Datt J	agel		12	Ridgely	Ave, Ann	napolis	
	23. PART I. Enter the diseases, or compile abook, or heart failure. List of IMMEDIATE CAUSE (Final	Icetions that caused t nly one cause on eac	the deeth. Do no th line.	ot anter tha	moda of dying, such	as cardiac or reap	iratory arrest,	Approximate interval Batween Onset and Death
		Upper Gaut	CONSEQUENCE OF	Il Bbe	d			3-4 Daup
NO	Sequentially list conditions, b	DUE TO (OR AS A C		7 9 .				
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	1 1	1				
CERTIFICATION	that initiated events resulting in death) LAST	Badenal I	Softwo-	eastor	0 5			
	DARK II ON THE WAY			0				
EDICAL	PART II. Other significent conditions cont	tributing to death but	not resulting in	the underly	ring cause given in i	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
용Ⅱ	Vialeter					1 YES 2		COMPLETION OF CAUSE
	ASCUD						~	OF DEATN?
≥						_	1	1 123 2/110
Z I	25. WAS CASE REFERRED TO MEDICAL				BI ACE OF DEATH OF	ah anh ann)		
Ö	EXAMINER? HOS	SPITAL:		OTHER:	PLACE OF DEATH (Che	unity one)		
₹S		npetient 2 - ER/Outpeti			ome 5 🗆 Residence	6 Other (Specify)		
Y PHYSICIAN:	1 Natural 5 Pending	(Month, Day, Year)	26b. TIME INJU	RY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW I	NJURY OCCURED	
COMPLETED BY	I DECIDENT	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, at	reet, factory, o	ffice	281. LOCATION (Street & City or Town, State)		ral Route Number,
<u>υ</u>	29e. CERTIFIER			·				
립	(Check only 1 CERTIFYING PHYSICIAN: T							
8	0/99) 2 MEDICAL EXAMINER: On to	he basis of examination e	nd/or Investigation	, in my opinio	, death occured at the t	ime, date and place, an	d due to the cau	se(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	A /A:	-					
2 BE	april a. Gartelle	; D.J. (9360)		40 -H 40	308	P 4/2	NED (Month, Day, Year)
	Debotal A. Chancedail	A -A A	N (ITEM 27) (Typo, I	Print)	b Laurel, t	20105		
	APR 2 3 1993	BEGISTBAR'S SIGNAT	andelle			0.700		
11	THE TYPE AND A		-					

YEAR

3

9c. COUNTY OF DEATH

HARFORD

10g. CITIZEN OF WHAT COUNTRY?

HU

909

3. TIME OF DEATH

R

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

BALTIMORE, MARYLAND 21

DIRECTOR

FUNERAL

BY

COMPLETED

BE

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once.

notified pe Must examiner medical the event, traumatic other 5

PHYSICIAN: MEDICAL CERTIFICATION

BY

ETED.

COMPL

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requires that the death certificate be executed within

OR ATTENDING PHYSICIAN: The law

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH AJINO APRIL DIR 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 K F 215 014878 9a. FACILITY NAME (If not institution, give street and number, 96. CITY, TOWN OR LOCATION OF DEATH FOREST HILL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION PARYLAND MARFORC FOREST 10e. STREET AND NUMBER 10f. ZIP CODE BERNADIT 1810 20050 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Mexican, Puerto R

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION

(Chem kind at work done during most of working 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 YRS AT Home 17. FATHER'S NAME (First, Middle, Last) ANZUL ANTHON 19a. INFORMANT'S NAME (Type/Print) AMI ABOV. I OROS 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 4 Donation 5 Other (Specify) FAITH DM 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3 NEWPORT DRIVE IMMEDIATE CAUSE (Final disesse or condition_ resulting in desth) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Atrial 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER 1 | YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Ho ne 5 Rasidence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, offica building, atc. (Specify) 3 Suicide 6 Could not be 4 Homicide detarmined

18. MOTHER'S NAME (First, Middle, Majden Sumeme) LOUDT UD AS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 20c. LOCATION - City or Town, Stata ARVLADO EVANS FUNERAL CHAPIL-BURIR FURST HILL 23. PART I. Entar the diseases, or compilications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory strest, ehock, or haert failure. List only one cause on each line. Approximate Interval Between Onset and Death acute Myocardal Infactor day 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 20 NO 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER
(Check only 154 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, del occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 34652 19 1993 30. NAME AND ADDRESS OF PER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HASWELL GZO BOYCTON 5/ 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 1993 DHMH-16 Rev 1/89

0

TO THE HOSPITAL OF THE FUNERAL OF BE filed within 72 ho

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF H		TAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (FIRST, MICHIEL DOWALD BARRY	2. DA	ATE OF DEATH DAY 19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR OAVS OAVS	IF UNDER 24 HRS. 7. DAY	TE OF BIRTH onth, Day, Year) 8. 1924	BIRTHPLACE (State or Foreign Country) ALL LSBORO, N.
TOR	90. FACILITY NAME (If not institution, give street and namber) 242) LAKEWOOD ROAD PAKK RESIDENCE OF DECEDENT	NUE		LTO, CO.
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATE BALTO, CO, PARKVIV	TON		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	242) LAKEWOOD ROAD	21234	10g. CITIZE	S, A
BY FU	1 Never Married 2 Merried PORCES? 1 YES 2 NO If yes, spi	ENDENT OF HISPANIC ORIGINAL CONTROL OF THE PROPERTY OF THE PRO	GIN7 (Specify Yee or No — 14 to Rican, etc.)	RACE - American Hollon, Blook, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATIC (Give kind of work done during mo	IN st of working	16b. KIND OF BUSINESS/INDUS	TRY
	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NAME (First	st, Middle, Maiden Surname)	Taconard
TO BE	190. INFORMANT'S NAME (Type/Print) THE CORDS 19b. MAILING ADDRESS (Street a STAME)	nd Number or Rural Route No.		TZGERAL)
	20a_AETHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	med D.	ATE 20c. LOCATION — CITY	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND SERVICE LICENSEE 23. SIGNATURE OF FUNERAL SERVICE LICENSEE 24. SIGNATURE OF FUNERAL SERVICE LICENSEE 25. NAME AND SERVICE LICENSEE 26. SIGNATURE OF FUNERAL SERVICE LICENSEE 27. NAME AND SERVICE LICENSEE 28. SIGNATURE OF FUNERAL SERVICE LICENSEE 29. SIGNATURE OF FUNERAL SERVICE LICENSEE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND SERVICE LICENSEE 24. SIGNATURE OF FUNERAL SERVICE LICENSEE 25. SIGNATURE OF FUNERAL SERVICE LICENSEE 26. SIGNATURE OF FUNERAL SERVICE LICENSEE 27. NAME AND	D ADDRESS OF BACILITY	ESENT SET	PER!
	23. PAR I. Ener the diseases, or complications that ceused the death. Do not enter the most shock or hear failure. List only obe cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CONNAW ARTER			Approximate Intervel Between Onset and Death
CERTIFICATION	disease or condition resulting in death) a	Lines		
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying	cause given in Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO
PHYSICIAN: MED	HOSPITAL: OTHER:	ACE OF DEATH (Check only		
ву РНУ	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY WOI INJURY WOI	S D Residence S Ot URY AT 28d. D RK? ES 2 NO	ther (Specify) DESCRIBE HOW INJURY OCCUR	ED
	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		OCATION (Street and Number or lity or Town, State)	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date occurred at the time, date occurred at the time, date occurred at the time, d	end place, end due to the coath occured at the time, du	cause(e) end manner ee atated.	euse(e) end manner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF CEBUPIER	D3736	2 29d. DATE SI	GNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	5 YIRY	(R) 7	The 1500/mi)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

2

3 1993

In permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

DHMH-18 Rev 1/89

REG. NO.

P.O. BOX 68760,

DIVISION OF VITAL RECORDS,

BALTIMORE, MARYLAND 21215

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Blumberg PEARL BLUMBERG DAY 1037 P 15 93 4. SOCIAL SECURITY NUMBER 5. SEX 8. GE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-01-778 1 M 2 F MARYLAND permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Bartimore Sinai RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 1 YES 2 K NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2915 MARNAT ROAD 21209 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. 1 Never Married 2 X Married If yes, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify. WHITE COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (6-12) College (1-4 or 5+) SALES SEARS ROEBUCK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (Flist, Middle, Maiden Surname) ANNA ROSEN ELI ASKIN Ħ BE notified 190. INFORMANT'S NAME (Typo/Print)
MRS ALBERT BLUMBERG 2 2915 MARNAT RD. BALTIMORE; CIMDIO 2 12079 Code) 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 1 Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Dine () ARLINGTON -CHIZUK AMUNO 4-18+93 BALTIMORE, MD 21: SIGNATURE OF EMPLICAL SERVICE AS examiner 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 medicai 23. SMT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition the resulting in death) traumatic event. DUE TO (OR AS A CONSTOUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Injury, or other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS DIC PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION DF CAUSE 1 YES 2 NO After this certificate has been signerable with the State Dept, of He marked, or Item 23 show 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 D Inpetient 2 DER/Outpetient 3 DOA OTHER: 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY M 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, streat, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 99 ETED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 determined IMPORTANT: If Item 29s. CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end plecs, end due to the cause(e) and menner se stated. COMPL 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

1 4 / 15 / 93 TO THE F TO THE F De filed w BE 29c. LICENSE NUMBER herbetter, Mp PAS 9722 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEDBETTER DAWN MD 31. DATE EN ED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

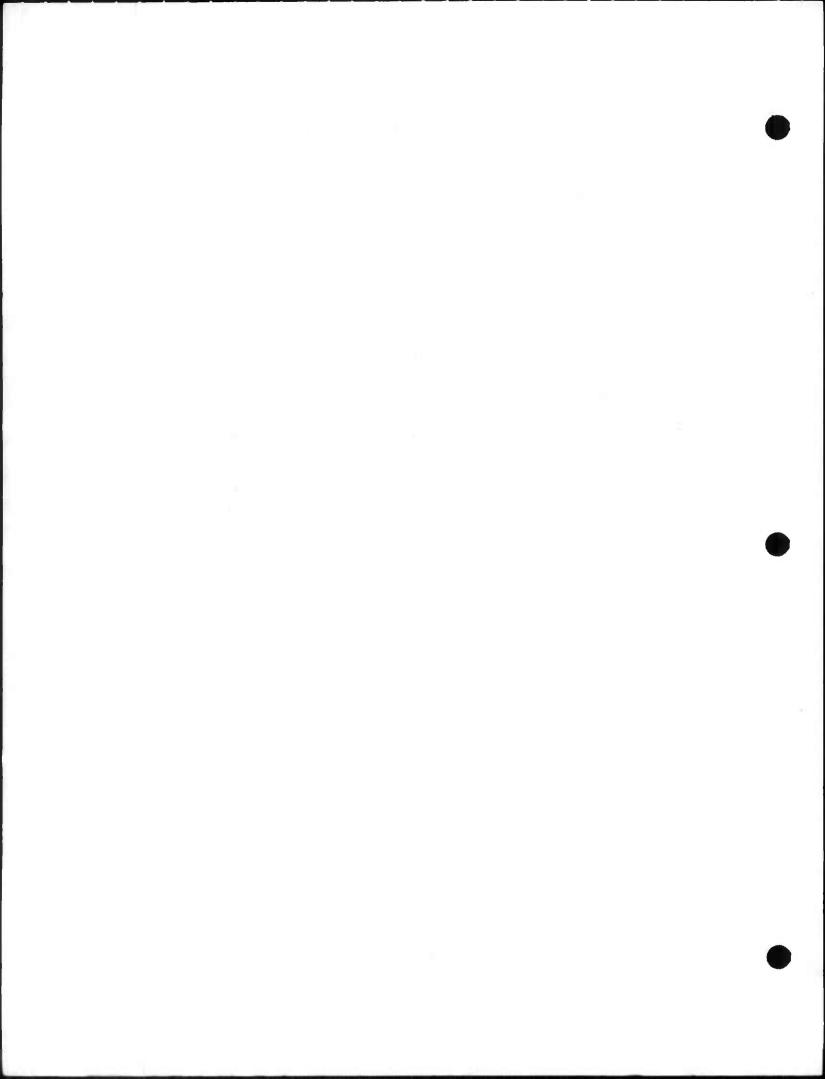
FOR

	1 - STATE REGISTRAR	SIRIE UF I	MARYLAND / CE		ICATE					IYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle BXAD'S HARRY		EINIE E	IARRY	Z B	LAUS	STEIN		2. DATE OF MONTH 04	DEATH DA		YEAR / 993	3 35 PM
37	4. SOCIAL SECURITY NUMBER 219-10-847	5. SEX	6. AGE (In yrs. lest 92	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN	?. DATE OF I	BIRTH ly, Ybar)	RTH 8. BIRTHPI Year) Country)		ACE (State or Foreign
N.	90. FACILITY NAME (If not institution ST . AGNES HOSE	96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH											
DIRECTOR	RESIDENCE OF DECEDE 10a. STATE 10b. (Y, TOWN C	OR LOCAT	ION						Od. INSIDE CITY			
	MARYLAND BA	ONSV							- 1	LIMITS? YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1000 ARION PAR		101	. ZIP CODE		229		10g. CIT USA	IZEN OF WH	AT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Merried 2 XMerrie 3 Widowed 4 Divorced	fORCES? 1	T EVER IN U.S. ARM YES 2 N		1 1	f yes, spe	ENDENT O	, Mexican,	ORIGIN? (S Puerto Rica	pecify Yee n, etc.)	or No-	14. RACE - Black, Specify: WHIT	- American Indian, White, etc.
COMPLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION st grade completed) College (1-4 or 5	(Giv	re kind of	USUAL OG work done o se retired.)	CCUPATIO	ON st of workin	7	BOX:	OF BUS	INESS/INI	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, L SAMUEL BLAU	JSTEIN						ER'S NAME	E (First, Middl	e, Maiden			
2	190. INFORMANT'S NAME (Type/Pric GILBERT L. BARF								VORE,				
	20a. METHOD OF DISPOSITION Disposition 3	☐ Removal from State	20b. PLACE A	NO DATE	oF DISPOS	ITION (Na	me of		OATE	20c. LO	CATION -	City or Town	
	4 Donetion 5 Other (Specifical Signature of Funerial Serv		BNAI	ISF	22. I	NAME AN		S OF FACIL				DRE, M	ID
	Myskulyl	Stellen			60	10 F	REIST	ERTO	BROS.	. BA	OT.TA	, MD	21215
	23 PART I. Enter the discosor shock, or heart to IMMEDIATE CAUSE (Final disease or condition resulting in death)	s, or complications that office the state of	se on each line.			the mod	de of dyl	ng, such :	ss cerdisc	or reepl	ratory an	rest,	Approximats interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. PERFORA DUE TO	(OR AS A CONSEO	UENCE OF	PILCEA	2 8	PERF	CRATE	ED G	ALL	BLAI	DER	
CAL	PART II. Other significent cor			eulting	In the un	derlying	ceuse g	Iven in Pa	art I. 24a	. WAS AN			ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
PHYSICIAN: MEDIC	HOUSE REN	ORAL THROUB		PULM	IONA	ey 6	EMBO	LISM	_ 10	YES 2	₩ NO	0	OMPLETION OF CAUSE F DEATH?
IAN:	25. WAS CASE REFERRED TO MEDI	RHYTHMIA				26. PL	ACE OF OR	ATH (Check	r only one)				
YSIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER	1:			☐ Other (Sp	ecify)			
ВУ РН	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investig	ention	ay, Year)	12.0	M		RK? ES 2		8d. OEŞCRIE	BE HOW IN	JURY OC	CUREO	
	3 Suicide 6 Could r 4 Homicide determi	building.	F INJURY — At hometc. (Specify)	ne, term, e	etreet, tecto	ory, office		2	et. LOCATIO City or To		nd Number	or Rural Rou	te Number,
COMPLETED		PHYSICIAN: To the best of (AMINER: On the bests of e											nd manner ee stated.
BE	296. SIGNATURE AND TITLE OF CE	delalle						3852	ER 28819			E SIGNED (A	forth, Day, Year)
2	SANJOG K.												ND 21229.
	APR 2 3 199	32. REGISTRA	R'S SIGNATURE	R.								3726	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape of filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



	1 - STATE REGISTRAR	STATE OF MAR			HEALTH AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	ALBERT RUI				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	BETTE-BENNET		ALBER			APRIL 18	9:38A M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YEA					IPLACE (State or Foreign
	219-86-4395	t M 2 D F	80 YRS.	illi -		APRIL 5,	913	- 10	"GLAND
OR	96. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH BALTIMORE CITY								
EG .	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CI	TY. TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	MARYLAND		200	BALTIMO					LIMITS?
FUNERAL	100. STREET AND NUMBER 13 ROLAND MEWS				101. ZIP CODE 21210		10g. CITI		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 ZNO	If yee		NIC ORIGIN? (Specify Yeen, Puerto Rican, etc.)	e or No—	14. RACE Black Speci	E — American Indian, c, White, etc.
8	15. DECEDENT'S EOUC (Specify only highest grade	ATION	16a. DECEDENT'S			16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life, Do NOT u	work done during retired.)	most of working				
MP		1	E	XECUTIV	E	FC	OD		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)		
8	MARCUS BETTE-BE	MANAGAN				NCE JOSEP			
2	MRS. ELEANOR BE					Route Number, City or Tox		Code)	
- II	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		20b. PLACE AND DATE			ORE, MD 21	CATION -	City or To	wn State
	1 Buriel 2\textsquare Cremation 3 Remo	rval from State	cemental LTCP	other CREMA	TORY 4-2	0 00	WSON,		wii, otate
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /		22. NAME	AND ADORESS OF FA	ON & BROS			
- 1	▶ allensu	Lower	Lson			STOWN RD.			21215
ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II, Other significant conditions 25. Was Case Referened to Medical Examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Suicide 6 Could not be detarmined	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF THE BUILDING OUTPETER STORY OF THE BUILDING OUTPETER STORY OU	OTHER: 4 Nursing F RE OF 28c, JURY M 1 [PLACE OF DEATH (Chome 5 Residence INJURY AT WORK?	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED? INJURY OCCURRED Number	24b.	Approximate interval Between Onset and Death Of Support Suppor
	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the heat of my t	nowledge death accom	and at the time	eta and etamor di di				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my k) end manner ee stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	ndres	1 Ho)	29c. LICENSE NUI		29d. DATE		
F	30. NAME AND ADDRESS OF PERSON WHO	plins	Mappi	tal				11'	6
	31. DATE FILED (Month, Day, Year)	APR 2 3 199	3 Julia	Davidson-	Pandelle.				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

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			FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AN		HYGIENE 9 (3 11676
			1. DECEDENT'S TAME (First, Middle, Last)	D. 9	Becke	er	2. DATE OF MONTH		3. TIME OF DEATH M
	Я		214-24-7634	1 🗆 M 2 💢 F	yrs. FU	NDER 1 YEAR IF UNDER 24 H HS DAYS HOURS MI	N. (Month, D.		BIRTHPLACE (State or Foreign MARYLAND
	2, 3 should	OR	9a. FACILITY NAME (If not institution, give st SINAI HOSPITAL	reet and number)	96	AL THINOREATION O	OF DEATH		Y OF DEATH
	3 noes 1,	DIRECTOR	10e. STATE 10b. COUNTY MARYLAND		10 BALTI	MORE CATION			10d. INSIDE CITY XLIMITS?
1	A,		100. STREET AND NUMBER 1190 W. NORTHERN	PARKWAY		101. ZIP CODE 21210		10g. CITIZE	1 TYES 2 NO
-	Durtal-Sriff	FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ONE	13. WAS DECENDENT OF HI If yes, specify Cuban, Me	exican, Puerto Rica	pecify Yes or No — 14	I. RACE — American Indian, Black, White, etc.
1215-00	use as the	ETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC	CATION 16s	. DECEDENT'S USUA	1 YES 2 NO S		ID OF BUSINESS/INDUS	Specify: WHITE
CA -		COMPLET	(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	(Give kind of work do life. Do NOT use retin SECRETARY		BAL	TO. CITY	OVERNMENT
MARYLAND retained by the hospit	3 K	BE CON	17. FATHER'S NAME (First, Middle, Lest) ISAAC BECKER	2			S NAME (First, Midd	le, Malden Surname) RIL	
, MARYI	se 5 should	TO B	190. INFORMANT'S NAME (Type/Print) RONALD E. BECKER		19b. MAILING ADDR	RESS (Street and Number or R	TNCFTFI.		
BALTIMORE, after death. Page 6 may be	the funeral director, page wal.		20a. METHOD OF DISPOSITION 1	oval from State 20b. PLA	CE AND DATE OF DIS		OATE	20c. LOCATION - CIT	y or Town, Stata
ALTII	tuneral di I. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS O SOL LEVINSO	N & BROS		
24 hours	or re		23. PART/I. Enter the diseases, or canonic shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplication that caused the latenty one cause on aech	lina.	Sepsis	Such as cerdiac	or respiratory arres	t, Approximata interval Between Onset and Daath
58760, executed within	n and completely fille to burial, cremation, imatic event, the	z		DUE TO (OR ASIA COI	NSEQUENCE OF:	Bowel			72 hour
O B	ing physician and or giene prior to buria other traumatic	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A CO	NSEOUENCE OF):				
S, P.O. Bodeath certificate	P I P	CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):				
Ö	ed by the att h and Menta iny Injury.	甘	PART II. Other significent conditions	s contributing to deeth but n	ot reaulting in the	underlying ceuse giver		I. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
RECOR	s been signed by the pt. of Health and In 3 shows any In	4: MEDIC						YES 2 NO	OF DEATH?
VITAL I	ate De	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF OEATH 1ER: Nursing Home 5 Resider		ner#ul	
OF	this with	ву рну	27. MANNER OF DEATH 1) Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRI	BE HOW INJURY OCCUP	₹ΕΟ
DIVISION DR ATTENDING P	after of 28 Is	ETED B	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — A building, atc. (Specify)	it home, term, street,	factory, office	261. LOCATIO City or To	N (Street and Number or wn, State)	Rural Route Number,
DIN HOSPITAL OR		COMPLE	one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowledge					
O THE P	TO THE FUNERAL be filed within 72 IMPORTANT: II	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	MA Its	husic ion.	29c. LICENSE	NUMBER	29d. DATE 3	1 20 93
5			30. NAME AND ADDRESS OF PERSON WHO	les MD.	SINI	AI HOSPI	tal o	f Balt	imore
	l		31. DATE FILED (Month, Day, Year) ABR \$ \$ 1993	32. REGISTRAR'S SIGNATUR	endelle				
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DHMH-18 Rev 1/89

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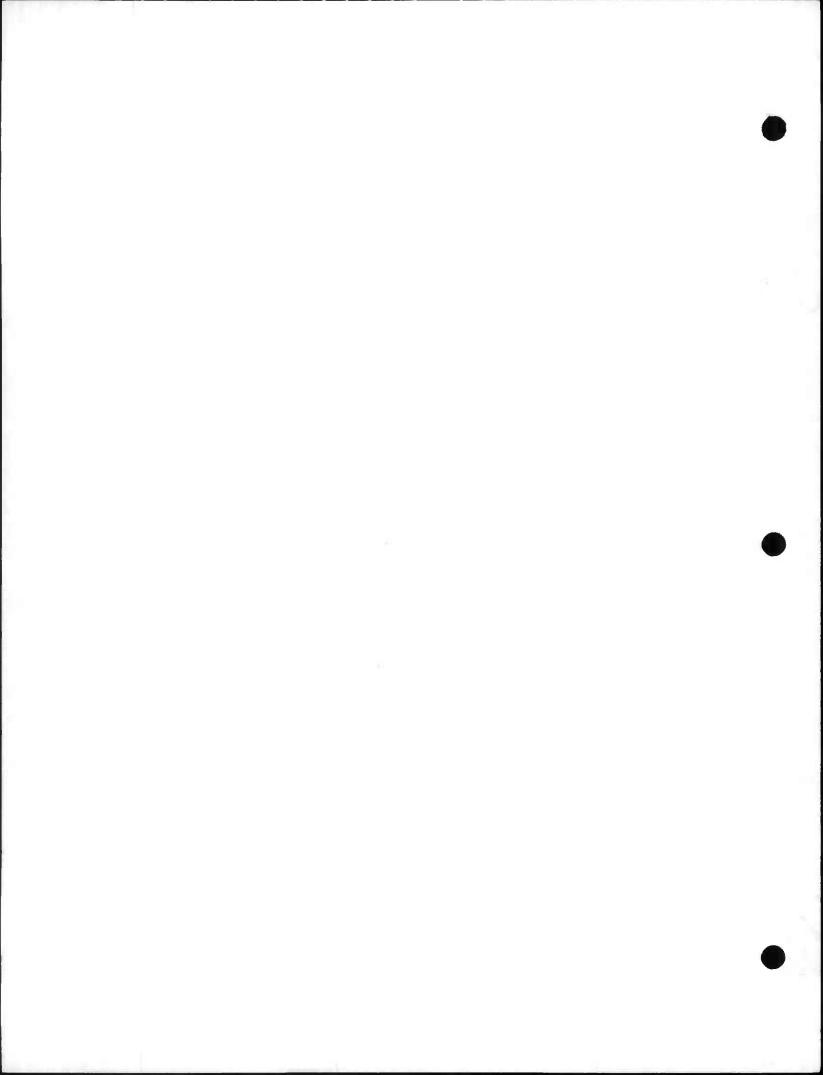
BALTIMORE, MARYLAND 21215-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Ilem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	idary J.	ane		CLARK			2. DATE OF DE		993	12:15 Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day)	TTH Year)	Country)	CE (State or Foreign
	152-12-9260 9a. FACILITY NAME (If not institution, give:		68	YRS.	o, CITY, TOWN O	OR LOCATION OF DE	05/31		New TY OF DEAT	Jersey
OB	Franklin Squa	re Hospi	tal			Essex		400	TIMOR	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		10c. CITY, T	OWN OR LOCAT	TION			10	1. INSIDE CITY
	Maryland	Baltim	ore			Middl	e Rive	r	1	LIMITS?
FUNERAL	10e. STREET AND NUMBER			-	101	ZIP CODE	200	10g. CITI	ZEN OF WHA	T COUNTRY?
I S	3415 Dahlia L.	12 WAS DECEDENT	EVER IN U.S.	ARMED	13, WAS DEC	Z 1.	220	offy Yea or No	USA	American Indian
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	YES 2	Хио	If yes, sp	ecify Cuban, Mexica 2 X NO Specifi	n, Puerto Rican, e	rtc.)	Black, W Specify:	American Indian, hita, etc.
	15. DECEDENT'S EDU	JCATION	16a.	DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND	OF BUSINESS/IND	USTRY	White
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	- 1	(Give kind of work life. Do NOT use re	done during mo itired.)	st of working		01 00011110011110		
MP	11 17. FATHER'S NAME (First, Middle, Last)			Busine	ess Ow			Dry Cle	eanin	g
S S		Snedek	er			18. MOTHER'S NA		_{Meiden Surname)} t Chai	mher1	in
5 8	19e. INFORMANT'S NAME (Type/Print)	Director				nd Number or Rural i	Route Number, City	or Town, State, Zip	Code)	
-	Stephen V. Cla	ark	$\overline{}$			Drive 1				
	1 Donation 5 Other (Specify)	toval from State	cemetery, of	Cremetory or other	plece)	, Inc.	DATE 3	Baltin		
	21, SIGNATURE OF SUMERAL SERVICE LI	CHARLE Ma	Ay	4	T 22. NAME AN	D ADDRESS OF FA	CILITY			
	George E.	MacNabb	5.8.85		299 F	tion Serederi	ck Roa	or Mu. d Balto	, III	D 21228
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that List only one caus	caused the	death. Do not	anter the mo	da of dylng, suc	h as cardiac o	respiratory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Acute res	spirat	ory fai	lure s	econdary	to chr	onic		Onset and Death
	resulting in death)	DUE TO (OR AS A CONS	SEQUENCE OF):			-	1.		
NO	Sequentially list conditions,	b. OUF TO (DR AS A CONS	SEOVENCE OF):	obstru	ctive pu	Imonary	aisease)	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	£	511 A5 A 00112	LOGENCE OF J.						
THE	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):						
		d								
MEDICAL	PART II. Other aignificant condition	ns contributing to d	leath but no	t resulting in t	he underlying	g cause given in	Part i. 24s. V	WAS AN AUTOPSY PERFORMED?	AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE
ED							— '°	YES 2 XNO	OF	DEATH?
							[''	YES 2 NO
Z										
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	26. PL	ACE OF DEATH (Ch	eck only one)			
HYSICIAN		1 X Inpatient 2 -	NJURY	3 🗆 DOA 4 (THER: Nursing Hom F 28c, INJ	e 5 Residence	6 Other (Spec	fly)	URED	
BY PHYSICIAN	EXAMINER? 1 YES 2 NO	1 X Inpatient 2	NJURY	3 🗆 DOA 4 (THER: Nursing Hom F 28c. INJ WO	e 5 🗆 Residence	6 Other (Spec	***	CURED	
ED BY	EXAMINER? 1	1 X Inpatient 2 C	NJURY /, Year)	3 🗆 DOA 4 (THER: Nursing Hom F 28c. INJ WO 1 1	e 5 Rasidence URY AT RK? /ES 2 NO	6 Other (Spec 28d. DESCRIBE	HOW INJURY OCC		· Number,
ETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident Suicide 8 Could not be detarmined	28e. PLACE OF building, e	NJURY , Yber) INJURY — At tc. (Specify)	3 DOA 4 (28b. TIME OI INJURY	THER: Nursing Hom Value Nursing Hom Value Nursing Hom Nursi	e 5 Rasidence URY AT RIC? //ES 2 NO	6 Other (Special Control Con	(Street and Number , State)	or Rural Route	Number,
ETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending Investigation 2 Accident Suicide 8 Could not be detarmined	1 X Inpatient 2 28e. DATE OF it (Month, De) 28e. PLACE OF building, e	NJURY , Yber) INJURY — At tc. (Specify) ny knowledge,	3 DOA 4 (28b. TIME OI INJURY) home, larm, street	THER: Nursing Hom F 28c. INJ WO 1 1 1 NH, factory, office	e 5 Rasidence URY AT RKY /ES 2 NO a and place, and due	6 Other (Special Control of Contr	(Street and Number, State)	or Aural Route	
E COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	28e. PLACE OF building, e	NJURY , / Year) INJURY — At tc. (Specify) ny knowledge, mminstion and/o	3 DOA 4 (28b. TIME OI INJURY) home, larm, street	THER: Nursing Hom F 28c. INJ WO 1 1 1 NH, factory, office	e 5 Rasidence URY AT RKY /ES 2 NO a and place, and due	6 Other (Spec 28d. DESCRIBE 28l. LOCATION City or Town to the cause(s) a time, data and pi	(Street and Number, State) nd manner as state ace, and due to the 29d. DATE	or Rural Route ed. cause(a) an	d manner as stated,
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Note Note Note Note Note Note Note Note	28e. PLACE OF building, e	NJURY , Year) INJURY — At I tc. (Specify) my knowledge, imination and/c	3 DOA 4 (28b. TIME OI INJURY) home, larm, streed deeth occurred a or investigation, it	THER: Nursing Hom F F A Det, factory, office t fine time, data n my opinion, d	e 5 Rasidence URY AT RK7 /ES 2 NO a and place, and due	6 Other (Spec 28d. DESCRIBE 28l. LOCATION City or Town to the cause(s) a time, data and pi	(Street and Number, State) nd manner as state ace, and due to the 29d. DATE	or Rural Route ed. e cause(a) an	d manner as stated,
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BE COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH	28e. PLACE OF building, e	NJURY At I IN IN IN IN IN IN IN IN IN IN IN IN I	28b. TIME OI 1NJURY 28b. TIME OI 1NJURY home, larm, stred deeth occurred a pr Investigation, in	THER: Nursing Hom Value Nursing Hom	e 5 Rasidence URY AT RK? (ES 2 NO a and place, and due esth occured at the	6 Other (Spec 28d. DESCRIBE 28f. LOCATION City or Town to the cause(s) a time, data and pi	(Street and Number , State) Indian menner as state ace, and due to the grant of th	or Rural Route ed. e cause(a) an E SIGNED (Mo	d manner as stated,



1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO

		1. DECEDENT'S NAME (First, A		140	0	A T A			DEAL	T	2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
		4. SOCIAL SECURITY NUMBER		M.		ATA	IF UNDER	_	IF UNDER	24.1000	7. DATE OF BIRTH	. 9	3	0135 "
_		219-07-9630		1 □ M 2 🂢 F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Morth, Day Year)	920	Country	race (State or Foreign ryland
3 should		Se. FACILITY NAME (If not insti	tution, give s	treet end number)		9b. CITY, TOWN OR LOCATION OF DEATN					9c. COUNTY OF DEATH			
2,	СТОВ	Sinai Hospi				Baltimore								
Pages 1,	ј ш	10e, STATE	Ob. COUNTY	1			Y, TOWN O							10d. INSIDE CITY
	E G	Maryland				I	Balti	more	е					LIMITS?
if permit.	FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE					2.34		HAT COUNTRY?
020 physician. burial-transit	NS	4900 Wright	Ave.		IT EVER IN U.	S. ARMED	13. W	MS DEC	212 ENDENT OF		ORIGIN? (Specify Ye		J. S.	A. American Indian.
21215-0020 Il or attending physic for use as the burial	BY F	1 Never Merried 2 M 3 Wildowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			14	yes, sp		n, Mexican,	Puerto Rican, etc.)	- 01 110-		White, etc.
r attending use as the	뎶	15. DECEE (Specify only it	ENT'S EDU	CATION completed)	16	Se. DECEDENT'S (Give kind of	work done di	CUPATIO	ON of working		16b. KIND OF BU	SINESS/INC	DUSTRY	
	LET	Elementary/Secondary (0-1:		College (1-4 or 5 · NA	+)	life. Do NOT u	se retired.)		or or working	v	Cha		Comm	
LAND the hospitz detached once.	COMPL	17. FATNER'S NAME (First, Midd	fle, Last)	IVA		Line V	WOLKE.	L	18. MOTH	FR'S NAMI	E (First, Middle, Maiden	mical	L COM	oany
# 8 Z	ш	William G. F	ichar	d							Brashear			
MARYL retained by the 5 should be a	TO B	19e. INFORMANT'S NAME (Typ		(D 1-1-1)							ute Number, City or Tov			
ay be r page 5		Leona McClel		(Dgntr)	200 00					, Ba.	ltimore,	-		_141
BALTIMORE, I after death. Page 6 may be may be the funeral director, page 4 moval.		1 N Burial 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (S	3 Reme	oval from State	cerneter Ga	ry, cremetory or o	ther place) of Fa:	ith	Ceme	terv	0ATE 20c. LC	cation — altin	•	
AL TIN death, Pag funeral dir f. examiner	1	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENBEE	()	Λ	22. N	IAME AF	ND ADDRES	S OF FACIL	eral Home			
BAL ter death the functive wal.		▶ Jacohen	1 h	Hollo	Wh	11					ane, Balt		e, Md	. 21213
24 hours filled in lion, or re		23. PART I. Enter the disc shock, or hee IMMEDIATE CAUSE (Final disesse or condition resulting in death)	гт теншге.	LIST ONLY TO OUE TO	ise on eech	Tine.		the mo	de of dyir	ng, such	ss cardlec or resp	iratory sm	rest,	Approximate Interval Between Onset and Death
th certificate be execute tending physician and confidence prior to build by or other traumatic	CERTIFICATION	Sequantially list condition if any, leading to immedicase. Enter UNDERLYIN CAUSE (Disease or Injury that infittated events resulting in death) LAST	ns, ste	DUE TO Panc OUE TO	(OR AS LCO	Func.	tion							
CKDS, F that the death led by the atter th and Mental any Injury, o		PART II. Other significent	condition	s contributing to	deeth but i	not resulting	in the und	derlying	g ceuse g	iven in Pa	ert I. 24s. WAS AN			VERE AUTOPSY FINDINGS
	EDICAL				·						_ 1 _ YES	_		COMPLETION OF CAUSE OF DEATH?
MEC requires been sign of Heal	≥	=									-			I C YES 2 NO
F VII AL KE SICIAN: The law req certificate has been the State Dept. of or item 23 sho	SICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DE	EATN (Check	k only one)			
ICIAN: The certificate hithe State Cor Item	rsic	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatie	int 3 🗆 DOA	OTHER:				Other (Specify)			
this with the C	ву РНҮ	27. MANNER OF DEATN 1 Natural S Pe 2 Accident	nding estigation	28e. DATE OF (Month, D		28b. TIM	E OF URY M	WO	URY AT PRK? YES 2		28d. DESCRIBE NOW	INJURY OC	CURED	
OR ATTENDING OR ATTENDING DIRECTOR: After hours after death item 28 is mai	TED B	3 Suicide 8 Co	uld not be ermined	28e. PLACE O building,	FINJURY — i etc. (Specify)	At home, ferm,	street, facto	ry, office	•	2	city or Town, State,	end Number	or Rural Ro	ute Number,
E E E	COMPLE										the cause(s) end ma			and menner as stated.
TO THE HOSPI TO THE FUNER TO THE FUNER THE WITHIN	8	29b. SIGNATURE AND TITLE O				in the stripleto	at, ar my op	mion, o		NSE NUMB				Month, Day, Year)
TO THE HOSPITAL OF TO THE FUNERAL DE BE FILED WITHIN 72 TO THE POPETANT: IF IN	TO BE	75ach	fere	willy	y m	,Δ.						•	4/1	6/93
3		Karl 7	CIN	COMPLETED ONLS	res 1	h.D.	Print)	nai	H	Fige	al og	Ba	l+in	nore
		31. DATE FILED (Month, pay, 184.	93	32. REGISTA	R.2 SIGNATA	nde ll					U			

ELEPANON M. CATALFO 4-16 93 0135

TIM HIMIT

Marsh Terrer Mars

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached al.	— 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
offer death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	FOR	CTATE OF M	14 DVI 4 44 D					20.00		-0.3	1 1	1679
	1 - STATE REGISTRAR	SIAIE UF M	AKYLANU /	DEPAR	TIMENT	OF H	DEAT	AND I Th	MENTAL HYGIEN	EJJ	1 1	1013
	1. DECEDENT'S NAME (First, Middle, Last)					-			2. DATE OF DEATH		YEAR	3. TIME OF DEATH
	Jean R. Carte	5. SEX								8,199		
	229-34-2905	1 □ M 2 🔀 F	8. AGE (In yrs. In	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 24,	1929	Country)	rginia
	9a. FACILITY NAME (If not institution, give a	treat end number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		_	ITY OF DEA	
DIRECTOR	Francis Scott	Key Ho	spita.	1	В	alt	imo	re				
E I	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	ION				11	IOd. INSIDE CITY
	Maryland Balt	timore		В	alti	mor	e.				1	YES 2 XNO
¥	10e. STREET AND NUMBER					101	. ZIP CODI	E		10g. CITIZ	EN OF WH	IAT COUNTRY?
9	3423 Sollers I	Point Ro	ad			2	2212	2		U.S.	.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 😿	NO NO	11	yes, spe	ecify Cuba	OF HISPAN in, Mexican Specify	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No-	14. RACE - Black, 1 Specify:	- American Indian, White, etc. White
	15. OECEDENT'S EOUC	CATION	18e, Of	CEDENT'S	USUAL OC	CHPATIC	NA .		16b. KIND OF BU	PINESS (INDI	HOTEV	WIIICE
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) Callege (1-4 or 5+)	(6	ive kind of Do NOT u	work done d se retired.)	luring mo	st of working	ng	ING. KIND OF BU	SINESS/INDI	Joini	
COMPLETED	10th	Conege (14 or 5 +)		ffic	е Ма	nag			Tire		1, II	nc.
8	17. FATHER'S NAME (First, Middle, Last) Ira P. Cline								ME (First, Middle, Maiden			
BE	19a. INFORMANT'S NAME (Type/Print)								e V. Sli			
٥									loute Number, City or Tow		/	
	Mr. Basil C.	Carter						oint	Rd. Bal			
1	1 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, cre Dum	matory or o	ther place)		meo/ terv	, <u>4</u>	}	CATION - C	100	, State VA
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				AME AN	D ADDRES	SS OF FAC	CILITY			22191
	· Glass d.	1		_					le Funer oquan Ro		-	
	23. PARY i. Enter the diseases, or c	omplications that	caused the de	eth. Do r	not enter	the mo	de of dyi	ing, auch	es cerdiac or reap	ratory arre	st,	Approximata
	ahock, or heert failure. I IMMEDIATE CAUSE (Finel	4							,			interval Batween Onset and Death
	disease or condition resulting in death)	Car	WIODE DRAS A GONSE	1/m	ana	NV	a	rre	257			130 min
					F):							1 /
S	Sequentially list conditions,		CMON OR AS A CONSE									1 day
F	if any, leading to immediate cause, Enter UNDERLYING	111) AS A CONSE	JUENCE O	F):							1
유	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	DUENCE OF	F):							Yrs.
CERTIFICATION	resulting in death) LAST	l										
CALC	PART II. Other significent conditions	contributing to d	leeth but not r	eauiting	n the unc	deriying	ceuse g	lven in F	Part I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
3 1	Carrier and a	ntari	15000	0 5	1/1 /	11	1		PERFOR	IMED?	A	MAILABLE PRIOR TO

	na contributing to deeth but not rear tery disease		nderlying ceuse given in i	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 AO	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WWO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 In Inpatient 2 ER/Outpatient 3	DOA 4 Nu	28. PLACE OF DEATH (Che R: reing Home 5 Raaidence		
27. MANNEB-OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — AI home building, etc. (Specify)	e, tarm, street, tec	tory, office	28t. LOCATION (Street end Number of City or Town, State)	r Rural Route Number,

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the

be SIGNATURE AND THE OF CENTIMEN KAN I KEN I KE VND	29c. LICENSE NUMBER P14489	29d. DATE SIGNED (Mgrith, Day, You
B. NONICK, MD, FSKMC, 4940 Easter	n Ave, Ralti	more MD 21
PR/23 1993 Julia Davidson-Aandelle	/	



nespecialist succession

THE HINDRIAN OF WITCHING PHYSICIAN. The law requires that the death cartificate has be secured within 34 hours after death. Base 6 man to contain the house that the death cartificate has the death cartificate has been cartificated by the secure of the death cartificated by the death cart	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial manner of the should be detached for use as the burial manner of the bur	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
IMPORTANT: It from 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be neitited at once.	

must be notified at once.

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S HAME (First, Middle, Lest) Eva Ruth Cunningham 2. DATE OF DEATH 3. TIME OF DEATH 93 RUTH CUNNINGHAM 4-0145 " 4. SOCIAL SECURITY HUMBER 5 SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 3-10-1906 1 M 2 F 219-42-6121 87 Virginia West Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH DIRECTOR SINAI Hospital Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY Maryland Baltimore 1 XYES 2 HO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? Wesley Home 2211 W. Rogers Avenue 21209 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS OECEHOENT OF HISPANIC ORIGIN? (Specify Yea or Ho—
If yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 HO Specify: 14. RACE — American Indian, Bleck, White, atc. 1 Never Married 2 Merried BY Specify: white 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIHD OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Social Security Claims Specialist 4 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) Mary Virginia Campbell John William Cunningham BE 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 The Wesley Home 2211 W. Rogers Avenue Baltimore, MD 21209 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 St Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Lehmansville Cemetery 4/21 Lehmansville, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road Baltimore, MD 21211 23. PART i. Enter the distales, or complications that quised the death. Do not enter the mode of dying, such as cardiac or respiratory strest, shock, or regert failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition RENAL FAILURE
DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) ABDOMINAL Pelvic Mass PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if sny, lesding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? SPITAL: OTHER: HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA me 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MAHHER OF DEATH 28b. TIME OF 28c. IHJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending 1 YES 2 HO BY 2 Accident 26e. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMIHER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIEB 29c. LICEHSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 17-93 2 31. DATE FILED (Month, Day, Year)
APR 23 199 A'S SIGNATURE 1993

RETH CLNNINGHAM

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BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending thing and after the control of the con	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turneral. Hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NG PH	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi Poours after death with the State Dept. of Health and Mental Hygliene prior to burial, cremation, or removal.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosy TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1						93	11681
	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN	E	
	0.0.0	CARTER SEX 6. AGE (in yrz. lys. 8	st birthday) IF UNDE YRS. MONTHS	ER 1 YEAR	2. DATE OF DEATH MONTH D. C. C. C. C. C. C. C. C. C. C. C. C. C.	1993	uto, mo.
DIRECTOR	RESIDENCE OF DECEDENT 108. STATE 106. COUNTY	PAVE ATT. L	10c, CITY, TOWN	ORLOCATION		BAU	TIMORE CO
	MD BAL	TO. CO.	PAF	LVIUE		16a CITIZEN OF	10d. INSIDE CITY LUMITS? 1 YES 2 NO WHAT COUNTRY?
FUNERAL	8414 NUNLEY	DRIVE A	PT, B	2/239	MIC OBIGINA (Passille) Ve	11.5	.A.
ED BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATI	FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES		If yes, specify Curren, Mexico	in, Puerlo Rican, etc.) y:	Spo W	E - American Indian, ek, Whita, etc. city:
COMPLETE	(Specify only highest grade con	npleted) (G	ive kind of work done. Do NOT use retired.	during most of working	BALTI,	MORE /	MAYRONE
BE CO	17. FATHER'S NAME (First, Middle, Last) JAMES THOM	NAS CARTE	P. 51	2. ALYC	ME (First, Middle, Meiden	Surname)	W.
5	19a. INFORMANT'S NAME (Type/Print) PAMILY RECO	RDS 191	SAME	SS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
	20a. METHOD OF DISPOSITION 1 B Burlet 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from Stata country	AND DATE OF DISPO	DEEST VET.	4-26 BK	CATION - City or T	own, Stata
	21. SIGNATURE-OF FUNERAL SERVICE LICEN	Jain mood	77	NAME AND ADDRESS OF THE	efores	ES F	NOPLES RELVICIES
	23. IMOT I. Enter the diseases, or con shook, or beart failure. Light IMMEDIATE CAUSE (Final disease or condition resulting in death)	olications that caused the de only one cause on each line oue to (or as a consec	i. /	r tha moda of dying, auc	h as cardlec or respl	ratory arrest,	Approximate interval Batween Onset and Daath
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEC	DUENCE OF);		1 -		
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
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PHYSICIAN:		OSPITAL:	OTHE	26. PLACE OF DEATH (Ch	eck only one)		
	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	6 Other (Specify) 28d. DE\$CRIBE HOW IF	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26a. PLACE OF INJURY — At hor building, etc. (Specify)		1 YES 2 NO	261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
OMPLET		i: To the best of my knowledge, de n the basis of axamination and/or i					a) and manner se stellar
ве со	296 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	MBER	29d. DATE SIGNE	
5	10 NAME AND ADDRESS OF PERSON WAYS OF	MILL DOCAL DE DEATH WITH		Deles	5	Agril.	22,199

(Month, Day, Your) 2 3 1993 32 REGISTRAR'S SIGNATURE

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

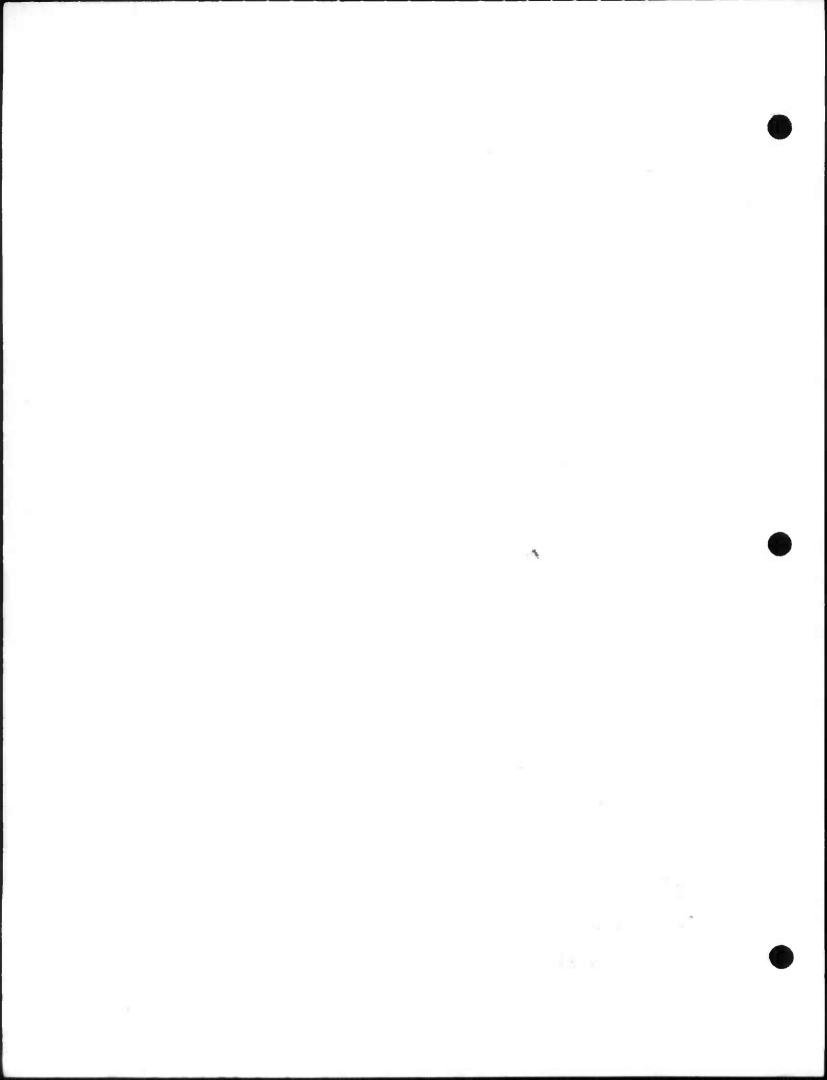
1 - STATE REGISTRAR	SIAIE UF N	MARTLANU	CERTIF	ICAT	E OF	DEAT	Н		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						-		2. DATE OF				3. TIME O	F DEATH
LEO	JOHN			MAN	, Jr	•		4 MONTH	11	19	93	4:0	
	S. SEX	6. AGE (In yrs.		IF UNDE	ER 1 YEAR	IF UNDER 24	4 HRS.	7. DATE OF (Month, D			8. BIRTHI Country	PLACE (Sta	te or Foreign
	XM2 F	42	YRS.					5-20-	1950			vlan	đ
9a. FACILITY NAME (If not institution, give street						PR LOCATION		TH		9c. COUN		ATH	
FRANCIS SCOTT KE	EY MEDI	ICAL C	ENTE	R	BA	LTIM	ORE				NA		
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSID	OF CITY
	County		Dun	dal	k							LIMIT	
16114 George Ct					101	ZIP CODE	1222			10g. CITIZ	USA	HAT COUN	TRY?
1	2. WAS DECEDEN	T EVER IN U.S.	ARMED	13	. WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (S	pecify Yes	or No	14. RACE	America	en Indien,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		NO			ecify Cuban, 2 NO		Puerto Rica	n, etc.)		Specif.	White, etc	2
1,000001 11 100001			No.										Mhite
15. OECEDENT'S EDUCAT (Specify only highest grade co	TION mpleted)		OECEDENT'S (Give kind of w	vork done	e during mo	ON st of working		16b. KII	ND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +	+)	life. Do NOT us	e retired.;	.)								
17. FATHER'S NAME (First, Middle, Last)						16. MOTHE	R'S NAME	E (First, Midd	lle, Meiden S	Surname)			
Leo John Dorman,	Sr							arfie					
19s. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRES	SS (Street a	nd Number o	r Rural Rou	ute Number,	City or Town	, State, Zip (Code)		
Ruth Heckrotte						Rd,	Jopp	oa, MI	21	085			
1 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	state x	cemetery,	cremetory or ot			me of		DATE	20c. LOC	ATION C	ity or Tov	rn, State	
21. SIGNATURE OF FUNERAL SERVICE LICEN	Bonal	d Wade	. Dir	22	. NAME AN	ID ADDRESS	OF FACIL	LITY S.	tate	Anato	Om tz	Board	3
Marked //	11/1/20		21/93	6	555W	Dalti	more	St,Ba				DOGE	
					J J J VV .	Darli.							
23 PART I. Enter the diseases, or con	nphentions that	ceused the	death. Do n	- 1								Appr	novimete
23 PART I. Enter the diseases, or con shock, or heart failure. Lis	npiretions that it only one cau	ceused the	death. Do n	- 1								Inter	roximate rval Between
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IMMEDIATE CAUSE (Fine)	Nanco	ise Dri each ii	intoxi	cat	or the mo	de of dylng						Inter	rval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ADD 23 1993

HEGHTHAP'S SIGNATURE



FUNERAL DIRECTOR: After 1 within 72 hours after death

보물

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COLVIN C.

31. DATE FILED (Month, Day, APR 2 3)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PSZPOEGIATRARIS SIGNATURE

CARTER M.D.

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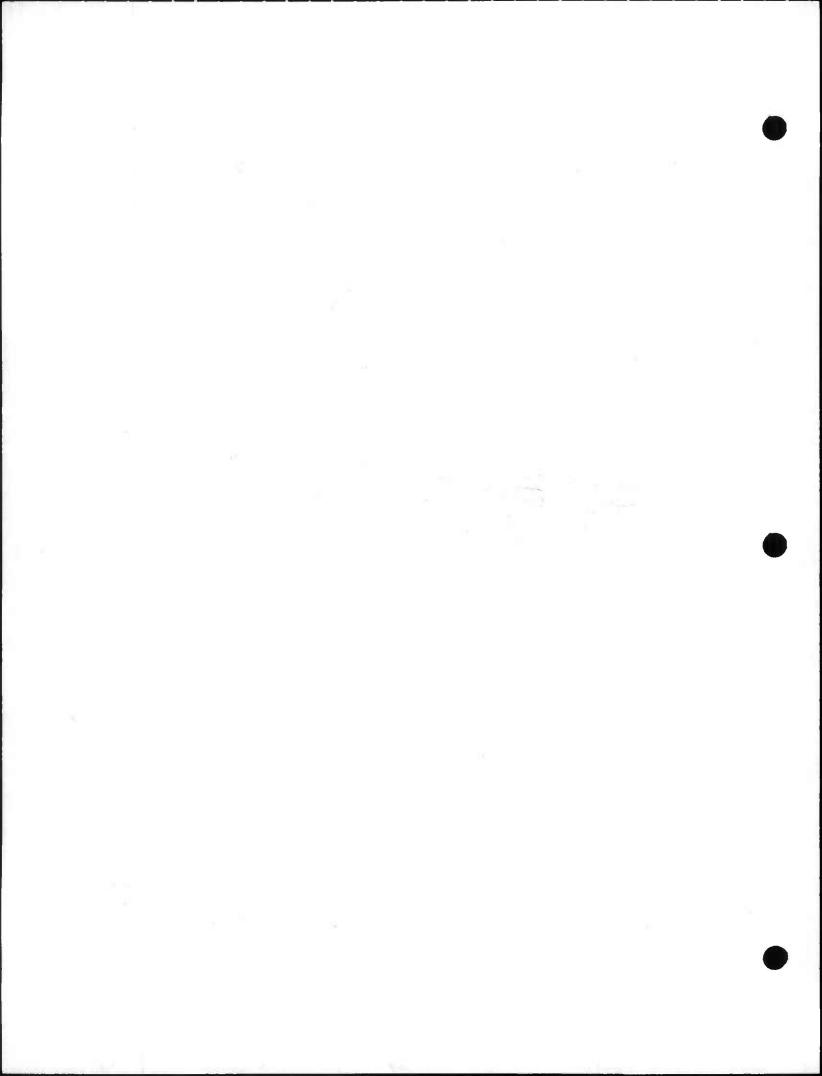
BALTIMORE, MARYLAND 21215-0020

mermit. Pages 1, 2, 3 should

93 11683 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3 TIME OF DEATH a 04^{month} 23 MARY L. DENNIS 5:30 M 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MARYLAND 220-07-1625 1 M 2 XF 74 18 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 407 S.HAMMONDS FERRY ROAD LINTHICUM ANNE ARUNDEL RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL LINTHICUM 1 YES 2 TWO FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 407 S.HAMMONDS FERRY ROAD 21090 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 NO Specify A 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade Elementary/Secondary (0-12) ege (1-4 or 5 +) 12 0 HOUSEWIFE HOMEMAKER be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY STINSON LORETTA BLOOM 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21090 9 HARRY S. DENNIS 407 S.HAMMONDS FERRY ROAD-LINTHICUM, MD. 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must GRACE EPISCOPAL 4/26 ELKRIDGE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LIGHT 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY S.W.GLEN BURNIE, MD. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause has each line. Approximate interval Betwe Onset and Death IMMEDIATE CAUSE (Final in the disease or condition_ 6 months resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) einomo 23 shows any Injury, or other traumatic BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 XNO OF DEATH? 1 | YES 2 | NO N/A 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item 2 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TYES 2 1 NO me 5 N Residence 8 - Other (Specify) 4 🗆 Nurs 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 XNatural м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Flural Route Number, City or Town, State) 69 ETED. 8 Could not be 4 Homicide 28 Hem 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. COMPL IMPORTANT: If 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED BE 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) wen Clartson Rt PG Sucar 100145 ▶ 04/23/93.

1600 CRAIN HWY.S.SUITE #208-GLEN BURNIE, MD.



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

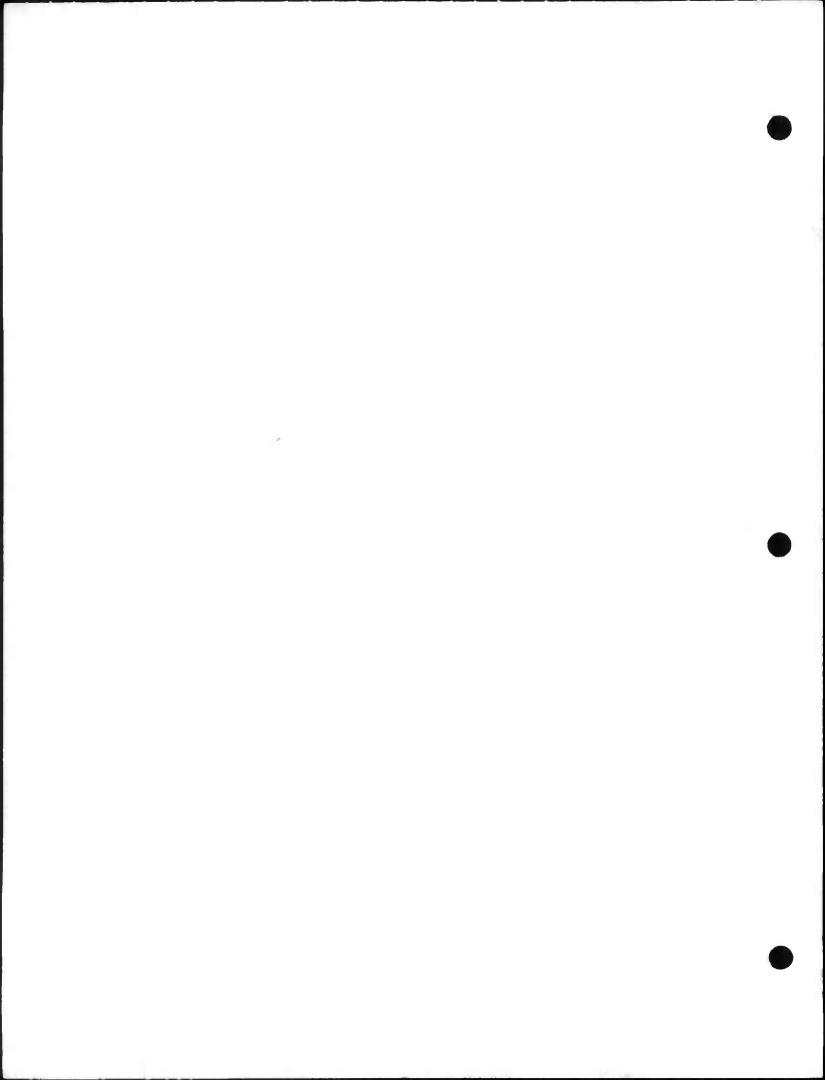
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1+1

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CENTIFI	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH		3. TIME OF DEATH
	James	D		Darri	_	MONTH DA		EAR OO O O O
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	Davi IF UNDER 1 YEAR		7. DATE OF BIRTH	199	
	212-16-8260			MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		1 M 2 □ F	70 YRS.		5	5-2-1922	M	aryland
	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DEA	тн	9c. COUNTY	
E I	2004 E Baltin	omo Ctmoot		D-713				
DIRECTOR	2904 F. Baltin	lore Street		Balti	more			
Ĭ,	10s. STATE 10b. COUN	ry	10c. CITY	TOWN OR LOCA	TION			10d, INSIDE CITY
1 % 1	Md		Do.	ltimor	_			LIMITS?
1 1	10e, STREET AND NUMBER		Da					1X YES 2 NO
MA I	2904 E. Baltin				. ZIP CODE		1.7	OF WHAT COUNTRY?
FUNERAL		ore St.			21224		U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian,
	1 Never Married 2 Married	IF YES, GIVE WAR OR I			ecify Cuban, Maxican, 2 2 0 Specify:	Puerto Rican, etc.)		Black, Whits, stc. Specify:
B	3 XWidowed 4 Divorced	W.W.II U.	S.N.		-WW			White
	15. DECEDENT'S ED	JCATION	16s. DECEDENT'S L	JSUAL OCCUPATION	ON	16b, KIND OF BUS	INESS/INDUS	
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of w	ork done during mo retired.)	ast of working			
굽	12 yrs	Conege (1-4 of 5 +)	Warel	house 1	Man	Wareho	21100	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		ware.	iouse i				
8	Samuel Davis					E (First, Middle, Msiden	Surname)	
	Bamaer Davis				Lorrai	ne Finn		
	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street 1	and Number or Rural Ro	ute Number, City or Town	, State, Zip Co	ide)
2	Elaine Conrad		138 1	Magoth	v Beach	Rd Pass	adena	Md. 21122
	20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE OF					or Town, State
	1 Description 2 Cremation 3 Ref	noval from Stats Cei	metery, crematory or oth	nar place)				
	4 Donation 5 Other (Specify)	10511055	Oak Lawr	1 Cemei	tery 4-	<u>23–9B</u> F	Balto	Md
	21. SIGNATURE OF FUNERAL SERVICE L	Edison	M. Perki	LILS NAME AL	ND ADDRESS OF FACIL	LITY		21222
	DE I My		00083	1 14(0)	an-Asnr	On Filiner	al Ho	ome, Inc.
	23 DADT i Enter the diseases or	THE COLUMN TO TH		13000	E. Balt	Illore St	. , Ва	alto.,Md.
	23. PART i. Enter the diseeses, or shock, or heart fellure	List only one cause on	each line.	ot enter the mo	de of dying, auch	aa cerdiac or respi	ratory arrest	Approximate interval Between
	IMMEDIATE CAUSE (Final			1				Onset and Death
	diseese or condition reaulting in death)	Athorne	lenstiz	Cardi	MARCINA	r Dise	210	
1 1	reading in death)	OUE TO (OR AS	A CONSEQUENCE OF	E	VALUE	2136	eace	
1 _ 1		1 98						j
CERTIFICATION	Sequentially list conditions,	b	A CONSEQUENCE OF					
F	If eny, leading to immediate cause. Enter UNDERLYING	50E 10 (011 AS	A CONSEGUENCE OF					
일	CAUSE (Disease or injury	C						
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)	12				
12	resulting in death) EAST	d						
	DADT II Other cignificant and dis-							
DICAL	PART II. Other significant condition	na contributing to death i	out not resulting ir	i the underivie				
1 2 1				. ale enderlying	g ceuse given in Pa	ert i. 24s, WAS AN		24b. WERE AUTOPSY FINDINGS
	Circles sot the			. die enderlyn	g ceuse given in Pa	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
1 IU II	n. A.	Liver			g ceuse given in Pa	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
뿔	n. A.	Liver			g ceuse given in Pa	PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
뿔	_ Chronic Alco	Liver				PERFOR 1/X YES 2 Prentia	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥	Chronic Alco	Liver		26. Pi	g ceuse given in Pa	PERFOR 1/X YES 2 Prentia	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
뿔	Chronic Alco	Liver		26. Pi OTHER:		PERFOR 1/X YES 2 Preprint	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 🖄 YES 2 🗌 NO 27. MANNER OF DEATH 1 💆 Natural 5 📗 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Out 26s. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 265. TIME INJU	26. PI OTHER: 4 Nursing Hom OF 28c, INJ RY WC	ACE OF DEATH (Check 5 X Residence 6 URY AT RK? Z NO	PERFOR 1/X YES 2 Per trac Conly one) Other (Specify) Red. DESCRIBE HOW IN	MEO? NO NO NO NO NURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

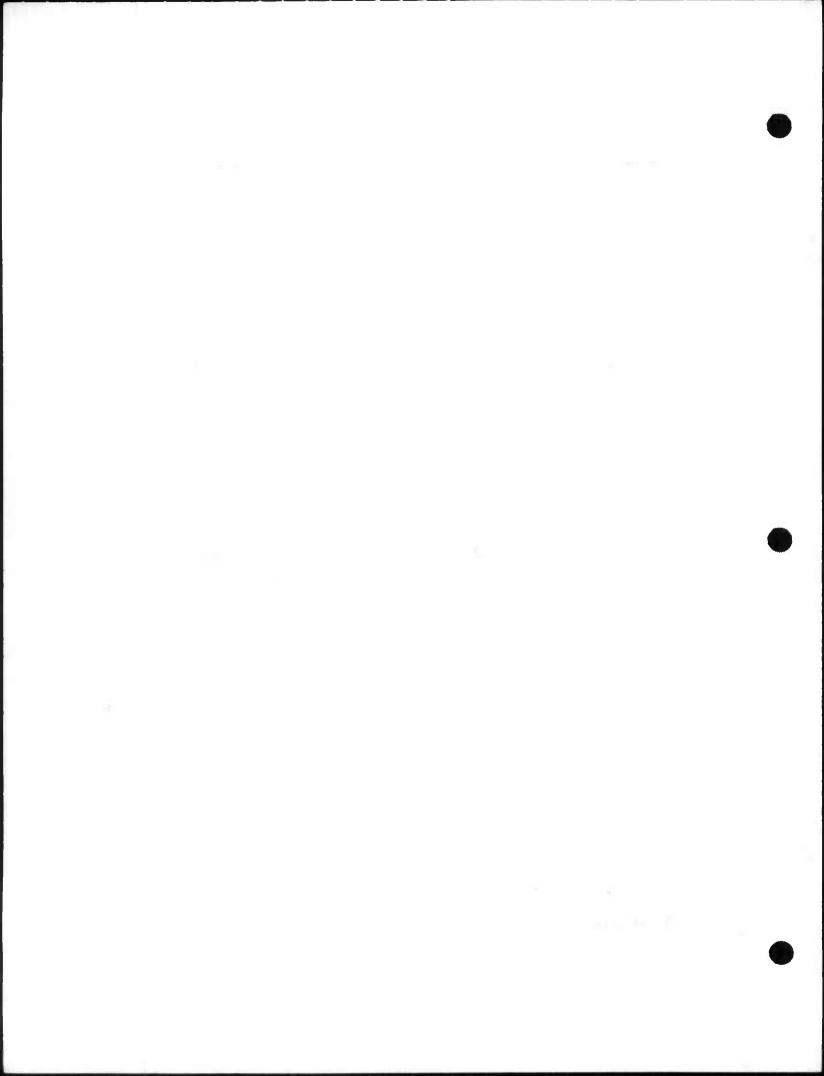
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be attended within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

WHORMANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)									OF DEATH			3. TIME OF DEATN
	RANDY		STE	PHEN		DUI	VCAN	J		0 4	17		93	2:52 A M
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. les	it birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE C	F BIRTH		S. BIRTN	PLACE (State or Foreign
	219-11-350	8	1 🕅 M 2 🗆 F	23	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	-7970	1	Country	yland
	9e. FACILITY NAME (If not in	stitution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATN 9						9c. COU	9c. COUNTY OF DEATN		
OR I	#35 LORIN	IG COL	JRT #H		DUNDALK						BALTIMORE			
DIRECTOR	RESIDENCE OF DEC											בו	ni ir	IORE
E	Maryland	10b. COUNTY	Baltim	OHO	10c. CITY, TOWN OR LOCATION Dundalk								10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER		buccom	U/LE	<u> </u>					uuck				1 YES 2 NO
FUNERAL	8153 Midh	autom D	and				101	. ZIP COD		01000	,			THAT COUNTRY?
N N	11. MARITAL STATUS	aven k		IT EVER IN U.S. AR	4450	1.0				21222				ed States
	1 Never Married 2	Married	FORCES? 1	YES 2 K	NO NEO	- 1	If yes, sp	ecity Cuba	n, Maxicar	n, Puerto Ri	(Specity Yes can, etc.)	or No-	14. RACE Black	— American Indian, , White, atc.
à	3 Widowed 4 Divo	rced	IF TES, GIVE V	WAR OR DATES			1 YES	¥ X NO	Specify	7			Specif	white
COMPLETED	15. DEC	EDENT'S EDUC y highest grade	CATION COMPRISED	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b.	CIND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	+)	he kind of a				g					
MP	12th Grade				Law	Engo	rcen	ent		1	ept.	06 D	esen.	se
	17. FATNER'S NAME (First, M		0					Jan 1 4 3			ddle, Maiden			
BE	Daniel St		vuncan								riesn			
2	Mr & Mrs D		C Duna								r, City or Town		,	
	20a. METNOD OF DISPOSIT		s. vunca						aa_				_	21222
	1 Donation 5 Other	n 3 🗆 Remo	oval from State	cemetery, cre	matan, or o	thee elecel				OATE				
	21. SIGNATURE OF FUNERA		ENSEE	Parki	vood	Ceme	teri	D ADDRES	4/2	21/93	Bau	tunc	ore,	Maryland
	H A	-1	0/) (Home	061	Dunda	lk, Inc.
_	QX/18	gon	CK	ac	ha death. Do not enter the mode of dying, such as cardiac or reapiratory screat, Approxim							,		
Ì	shock, or h	seases, or c	omplications the list only one cau	t caused tha de ise on each line	sth. Do r	ot enter	the mo	de of dy	ng, such	as cardi	ac or reapin	ratory sn	reat,	Approximate interval Between
	iMMEDIATE CAUSE (Findisease or condition	al	C	b. L		1								Onset and Death
	resulting in death)	→ ,	ساطی	act g	h-	SL	sti	S	2	18	NEC	sed .		
_		_	502 10	(ON NO A COMSE	JENCE O	-):			1					
ğ	Sequentially list conditi		DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
3	cause. Enter UNDERLY	NG												
CERTIFICATION	CAUSE (Disease or Inju that initiated events		DUE TO	(OR AS A CONSEC	UENCE OF	ን:								
	reaulting in death) LAS	T C	l											1
	PART ii. Other aignifica	nt conditions	contributing to	death but not n	eauitino i	n the un	deriving		duen in I	Boot I	4a. WAS AN	at Popou	Lau	
MEDICAL					ouditing i	iii tiie di	iourym,	Cados 8	nven in i	runt i.	PERFORI		1.65	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
										-	YES 2			OF DEATH?
Σ						_				-	461			YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	D MEDICAL					28 PI	ACE OF D	EATN (Cho	ck only one)	42			
SIC	EXAMINER?		HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER A Nur	₹:			8 🗆 Other (Specifich.	-		
₹	27. MANNER OF OEATN		28a. OATE OF	INJURY	28b. T/M	E OF	28c. INJ	URY AT	J. Salaka		RIBE NOW IN	JURY OC	CURED	
ВУР		Pending investigation	(Month, D	7/1993	2:4	G Z M	1 🗌 1	ES 2	NO					GUNSHOT
	2 Theulates	Could not be	28e. PLACE O	F INJURY At hor arc. (Specify)			ory, office		^	28 COCA	ION (Street at	nd Number	or Rural Ro	oute Number,
	4 Nomicide	determined	bullottig,	PRIVAT	E R	ESII	ENC	E		# 55	MORTORIA DALK.	NG	COUR RYLA	'I' #H
COMPLETED	29e. CERTIFIER (Check only	IFYING PNYSIC	CIAN: To the best of						and due t					ND
8														end manner ee stated.
	296. SIGNAT THE AND TITLE				-				NSE NUM					(Month, Day, Year)
H H	100	7	X)~				İ							
2	30. HAPE AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	1 27) (Type,	Print)		0.0	C.M.	E.		0	4/ I/	/1993
	A MAN	Ken		111	Pani	0 6+	rec	+ 1	R=1+	imo	ce, M	aru	land	21201
	31. DATE FILED (Month, Day,	Year)	32 REGISTRA	R'S SIGNATURE	- 	- 51	166			TIHO	- IV	al V	rand	41401
	APR 23 199	13 gr	Mar Davidson	n-Handell										





1 - STATE REGIST	TRAR
112010	******

BALTIMORE, MARYLAND 21215-

	REGISTRAR		CE	RHER	CATE OF	DEATH	-	REG. NO.			
11 27	1. DECEDENT'S NAME (First, Middle, Last			10			MON			3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last)	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR		OF BIRTH	6 199	BIRTHPLACE (State or Fore	
1	414 07 0183	1 № M 2 🗆 F	DL		ONTHS DAYS	HOURS MIN	10.0	th, Day, Year)		Country)	
- 3	9a. FACILITY NAME (If not institution, give	street and number)	7-7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						COUNTY OF DEATH	
OR	LORIZA-KIVERSIDE RURSING HONE BELCAMP HARFORD										
ן הֱ	RESIDENCE OF DECEDENT 10s. STATE 10b. COUN		1								
DIRECTOR	Virginia			-	TOWN OR LOCA					10d, INSIGE CITY LIMITS?	
	10e. STREET AND NUMBER		01	AUNT	ZIP CODE			10a CITIZEI	1 YES 2 X N		
ER.	502 SPOTS	mmo 1	COAD			244	10)		()	Ω 2	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF MISPANIC ORIGIN? (Specify Yes or No — 14. RACE — American										
BY	1 Never Married 2 Merried PORCES 1 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:										
	15. DECEDENT'S EDUCATION 160 DECEDENT'S LISUAL OCCUPATION 160 KIND OF BUSINESS AND UST TO									STIKE	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working 16b. NOT use retired.) O To									INT	
COMPLETED	12×Rs-	2YRS.	920	ARTI		RANSPORT	Alim	STA	73 0	= GEORGIA	
8	17. FATNER'S NAME (First, Middle, Last)		0					Middle, Msiden S			
BE	HNOREW L.	DUNCE		3		FA		S F	RITI	2	
2	190. INFORMANT'S NAME (Type/Print)	200-	19b.	-	OORESS (Street s			iber, City or Town	, Stete, Zip Co	ode)	
	20a. METNOD OF DISPOSITION	inros	20h PLACE AN	2 AM	DISPOSITION (NO	ABOV		- I as 100	ATION OF		
	1.25 Buriel 2 Cremation 3 Rss	noval from State	cemetery, cremi			ima or	400	3 300. 100	ATION — Chy	y or Town, State	
	21. SIGNALURE OF FUNERAL SERVICE L	ICENSEE			22, NAME AI	NO ADDRESS OF			900	3 = 5	
	1 Fail of	1, over				DHAR				ARVILLE	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. OUE TO (OR AS A CONSECU	PENCE OF):							
EH	resulting in daeth) LAST	d	ON AS A CONSECU	ENCE OF):							
		d				g cause given	In Part I.	24a. WAS AN A		24b. WERE AUTOPSY FIND	
CAL	resulting in daeth) LAST	d	deeth but not ree			g cause given	in Part i.	PERFORM	MED?	AVAILABLE PRIOR TO COMPLETION DF CAR	
MEDICAL	PART II. Other significant condition	d				g cause given	in Part I,		MED?	AVAILABLE PRIOR TO	
MEDICAL	PART II. Other significant condition B: (attract)	d	deeth but not ree		the underlying			PERFORM 1 TYES 2	MED?	AVAILABLE PRIOR TO COMPLETION DF CAR OF DEATH?	
SICIAN: MEDICAL	PART II. Other significant condition B. Carley L. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. one contributing to describe the described by the des	deeth but not red	oulting in	the underlying	ACE OF DEATH	Check only o	PERFORM 1 TYES 2	MED?	AVAILABLE PRIOR TO COMPLETION DF CAR OF DEATH?	
SICIAN: MEDICAL	PART IL Other significant condition Conditi	d	CER/Outpetient 3	DOA 6	26. PL THER: Nursing Hom OF 28c. INJ	ACE OF DEATH	Check only o	PERFORM 1 YES 2,1	MED?	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL:	CER/Outpetient 3	DOA 4	26. PL OTHER: Nursing Hom OF 28c. INJ. WW	ACE OF DEATH	Check only o	PERFORM 1 TYES 2	MED?	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	PART IL Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be	HOSPITAL: 1 Inpatient 2 28a. DATE OF 28e. PLACE OF	CER/Outpetient 3	DOA (C	26. PL OTHER: Nursing Hom OF 28c. INJ. WO 1 1 1	ACE OF DEATH	Check only o	PERFORM 1	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	PART IL Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	HOSPITAL: 1 Inpatient 2 28a. DATE OF I (Month, De) 28e. PLACE OF building, e	ER/Outpetient 3 INJURY Ny, Yeer) FINJURY — At home wite. (Specify)	DOA CALLED TIME (INJUR.)	26. PL THER: Nursing Hom OF Y M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH	Check only ones 8 Other 28d. DE 28f. LOC City	PERFORM 1 VES 2, 1 Specify) SCRIBE NOW IN ATION (Street ar. or Town, State)	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAI OF DEATH? 1 YES 2 NO	
ED BY PHYSICIAN: MEDICAL	PART IL Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 28a. DATE OF building, e	ER/Outpetient 3 INJURY At home	DOA 4	26. PL THER: Nursing Hom OF Y M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH	Check only o 8 G Othe 28d. DE	PERFORM 1 YES 2, 1 YES 2, or (Specify) SCRIBE NOW IN CATION (Street ar. or Town, State)	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De Duilding, e	ER/Outpetient 3 INJURY At home	DOA 4	26. PL THER: Nursing Hom OF Y M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (e 5 Residence URY AT RK? /ES 2 NO end place, end c	Check only o Check only o Check only o Check only o 28d. OE 28f. LOC Chy use to the cs he time, date	PERFORM 1 YES 2, 1 YES 2, 1 (Specify) SCRIBE NOW IN CATION (Street aroor Town, Stree)	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO RURAL Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART IL Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De Duilding, e	ER/Outpetient 3 INJURY At home	DOA 4	26. PL THER: Nursing Hom OF Y M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH	Check only o Check only o Check only o Check only o 28d. OE 28f. LOC Chy use to the cs he time, date	PERFORM 1 YES 2, 1 YES 2, 1 (Specify) SCRIBE NOW IN CATION (Street aroor Town, Stree)	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL	PART II. Other significant conditions of the con	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De) 28e. PLACE OF building, e	ER/Outpetient 3 INJURY At home stc. (Specify)	DOA C 4	26. PL THER: Nursing Hom OF 28c. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (e 5 Residence URY AT RK? /ES 2 NO end place, end c	Check only o Check only o Check only o Check only o 28d. OE 28f. LOC Chy use to the cs he time, date	PERFORM 1 YES 2, 1 YES 2, 1 (Specify) SCRIBE NOW IN CATION (Street aroor Town, Stree)	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION DF CAL OF DEATH? 1 YES 2 NO RURAL Route Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	PART IL Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 3 Suicide 8 Could not be detarmined 299. CERTIFIER (Check only sens) 2 MEDICAL EXAMINERS 298. SIGNATURE AND THILE OF CENTIFIER 298. SIGNATURE AND THILE OF CENTIFIER	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, De) 28e. PLACE OF building, e	ER/Outpetient 3 ER/Outpetient 3 INJURY	DOA C 4 28b. Time (in) UF, street (in) UF, str	26. PL THER: Nursing Hom OF 28c. INJ WO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH	Check only of S & Other S & Other S & Check only of S & Other S &	PERFORM 1 YES 2, or (Specify) SCRIBE NOW IN CATION (Street ar or Town, State) use(s) and mann and place, and	JURY OCCUR od Number or it due to the ce 29d. DATE SI	AMALABLE PRIOR TO COMPLETION DE CAI OF DEATH? 1 YES 2 NO NO Rural Route Number, euse(s) and manner as stati	

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

(1	Fermit Prov 1, 2, 3 should	ACC
60, BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physicien.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transferrant period 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	AMASTASI	A DERIT	07			APRIL I) 1992	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. 8	HRTHPLACE (State or Foreign
	212 28 4522	1 - M 2 X F 7	5 YRS. 1	ONTHE DAYS	HOURS MIN.	(Month, Day, Year)		PARYLAGO
	9e. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
5	2010 Jona L	Ans		PARK	VILLE		BALT	TMORE
E C	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c, CITY.	TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	MARYLAND BAT	Timore	8	ARKVIL	1 8			LIMITS?
	10e. STREET AND NUMBER				r. ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?
ER	Ablo Sono L	AN			21234		()	0.7
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I				NIC ORIGIN? (Specify Y	14. I	RACE — American Indian, Black, White, etc.
BY F	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			S 250 NO Speci	en, Puerto Rican, etc.) /y:		Black, White, etc. Specify:
0	15. DECEDENT'S EDU	ICATION	40. 2000	<u> </u>				NHITE
ETE	(Specify only highest grad	e completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during m	ON ost of working	16b. KIND OF BU	JSINESS/INDUSTI	Pγ
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOUSEL			Home	2	
COMPL	17. FATHER'S NAME (First, Middle, Last)		1100320	2170	18. MOTHER'S NA	AME (First, Middle, Meide	Surneme)	
BE C	ANASTAS	MASTERE			Sm	THE AM	210	
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street	end Number or Rural	Route Number, City or To	vn, State, Zip Code)
F	FAMILY REC	OROS	SF	me A	s ABOV	3		
	20e. METHOD OF DISPOSITION 1' Burtal 2' Cremation 3 Ren		PLACE AND DATE OF				OCATION — Cify of	or Town, State
	4 Donation 5 Other (Specify)	- C		TTOU	SMATORY	193 139	Wirok	L MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	NO ADDRESS OF FA	LOF DEM	Riss	
		D. now		888	O HARFO	RO ROAD	- Park	V-115
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on a	d the desth. Do no	t enter the me	ode of dying, aud	ch as cardiac or resp	iratory arreat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition	V			1. 1			Interval Between Onset and Death
	resulting in death)	a. Olenocarci) Due to (or as	soma of	the lu	ng with A	rain metas	ases	~ / year
	_	DUE TO (OR AS A	CONSEQUENCE OF):					/
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS /	CONSEQUENCE OF):					
¥	if any, leading to immediate cause. Enter UNDERLYING	(. CONTROL OF J.					
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):					
FE	resulting in death) LAST	d						
	PART ii. Other algnificant condition	na contributing to death a	ust not requiting in	the underlyin	a ceuse alven In	Part i. 24a, WAS AI	I ALIZZADAN T	
CAL		The second secon	at not resulting in	the dilderlyin	g cause given in	PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 □ YES	200 NO	OF DEATH?
≥						_		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF OEATH (Ch	eck only one)		
Sic	EXAMINER? 1 Tes 2 No	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:		6 Other (Specify)		
\}	27. MANNER OF OEATH	28a. OATE OF INJURY	28b. TIME	OF 28c, IN.	JURY AT	28d. OESCRIBE HOW	INJURY OCCURE	0
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO			
ED E	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- Al home, lerm, atro	eet, lactory, offic	•	261. LOCATION (Street City or Town, State	and Number or Ru	iral Route Number,
ĒĒ	4 Homicide determined					Oily by 10wii, State	,	
12	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurred	at the time, date	and pieca, and dua	to the cause(a) and ma	nner ea stated.	
COMPL		ER: On the basis of examination						se(s) end manner es stated.
l w l	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)
TO B	Mark Clean	°. vw)_			D165	87	PARR	7 19 1993
٦	30. NAME AND ADDRESS OF PERSON Y	- 1 1 P. A	100	111	l .			
	5601 Loch Kaven			etmine	MDZ	1239		
	31. DATE FILED (MONTH, Day, Year) APR 2 3 1993	32. REGISTRAR'S SIGN	ATURE					
	HLK 6 0 1222	Andrew in the second	- Indiana					

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

REGISTRAR		C	ERTIFIC	CATE OI	DEATH	MEHINE	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATN			3. TIME OF DEATH
CHARLES	3	I	EASTM	AN		4	13		993	9:01 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. in		IF UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTN lay, Year)	-1-		NPLACE (State or Foreign
9a. FACILITY NAME (If not institution, give		63					1-29			
MERCY MED		TER			OR LOCATION OF D			9c. COL	JNTY OF D	NA NA
RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	TY.		I soo CITY	TOWN OR LOC	ATION .					
Maryland	na			imore	ATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER MRDCC 501 E	Madison S	treet		1	Of. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT		RMED	13. WAS DE	CENDENT OF NISPA	NIC OBIGINS (Coonthy Voc	or No	14 040	E America II des
1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2		If yes, s	pecify Cuban, Mexico S 2 NO Specia	an, Puerto Rici		or No	Blac	
15. DECEDENT'S EDI	JCATION	160 D	DECEDENT'S US	ELIAL OCCUPAT	708	404 10	10 OF DU			Black
(Specify only highest grad	college (1-4 or 5 +	5	Give kind of wor fe. Do NOT use	k done during n		100. Ki	NO OF BUS	SINESS/IN	DUSTRY	
17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME /Einst Aliele	dia Adairian	Cump ma)		
					III. MOTHER 3 RA	See (First, Mich	no, menuon	Surname)		
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAJLING A	DDRESS (Street	and Number or Rural	Route Number	City or Town	n State 7	n Codel	
ocme						,	ony or row.	, 01410, 21	p 0000)	
20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram	noval from State	cometee: o	E AND DATE OF rematory or othe		vierne of	OATE	20c. LO	CATION	City or To	wn, State
4 Donation 4 Other (Specify)	A STATE OF THE STA			22 NAME	AND ADDRESS OF FA	ICH ITY				
Samuel 1	Mill	d Wade	, Dir 21/93		Baltimore	Sta	te A	nato D 21	my Bo 201	pard
23. FART I. Enter the diseasea, or	complications that	coused the d	leath. Do not							Approximate
shock, or neer tallure.	List only one ceu	se on each lin	ie.					etory at	1001,	interval Between
IMMEDIATE CAUSE (Fine)	20 - 1 1	1 -								Onset and Death
resulting in death)	a. Arteri	OSCLEI		Cara	lovascu.	Lar D	ısea	se		
_		,								
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	EOUENCE OF):							
cause. Enter UNDERLYING	c									
CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	EOUENCE OF):							
resulting in death) LAST	d									
PART II. Other aignificent condition	ns contribution to	death but not	manufalma in	Albino complete alcolo		T				
Train in Other alignment condition	is contributing to	death but not	resulting in	tne underlyi	ng cause given in	Part I. 24	a. WAS AN . PERFOR		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1	YES 2	□ NO		COMPLETION DF CAUSE DF DEATH?
·						_				X□ YES 2 □ NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 17			26. I	LACE OF DEATH (Ch	eck only one)				
1/2 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2		3 🗆 DOA 4	☐ Nursing Ho	me 5 🗆 Rasidence					
1 Natural 5 Pending	28e. DATE OF (Month, Da		28b. TIME (Y W	JURY AT ORK?	28d. DESCR	BE HOW I	NJURY OC	CUREO	
2 Accident Investigation	24- 8/ 405 04	* (5) (1) (10)			YES 2 NO					
3 Suicide 8 Could not be determined	building, o	FINJURY — At h Mc. (Specify)	ome, farm, stre	et, factory, offi	ca	City or 3	ON (Street a bwn, State)	nd Numbe	r or Runal F	Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, d	leath occurred	et the time, det	a and place, and due	to the cause(e) and man	ner ea ste	lad	
one) 2 MEDICAL EXAMIN) and manner as stated.
296. SHATURE AND TITLE OF GERTIFIE	4 1				29c. LICENSE NUI	MBER		29d DAT	F SIGNED	(Month, Day, Year)
Wonald Stu	right MD				OCI			M	1. 3	
DONALD G. WRIGH	T MD				et, Bal	timor	e, M	ary	land	21201
31. DATE FILED (Month, Day, Year) APR 2.3	943 REGISTIFA									
APR Z9	000									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

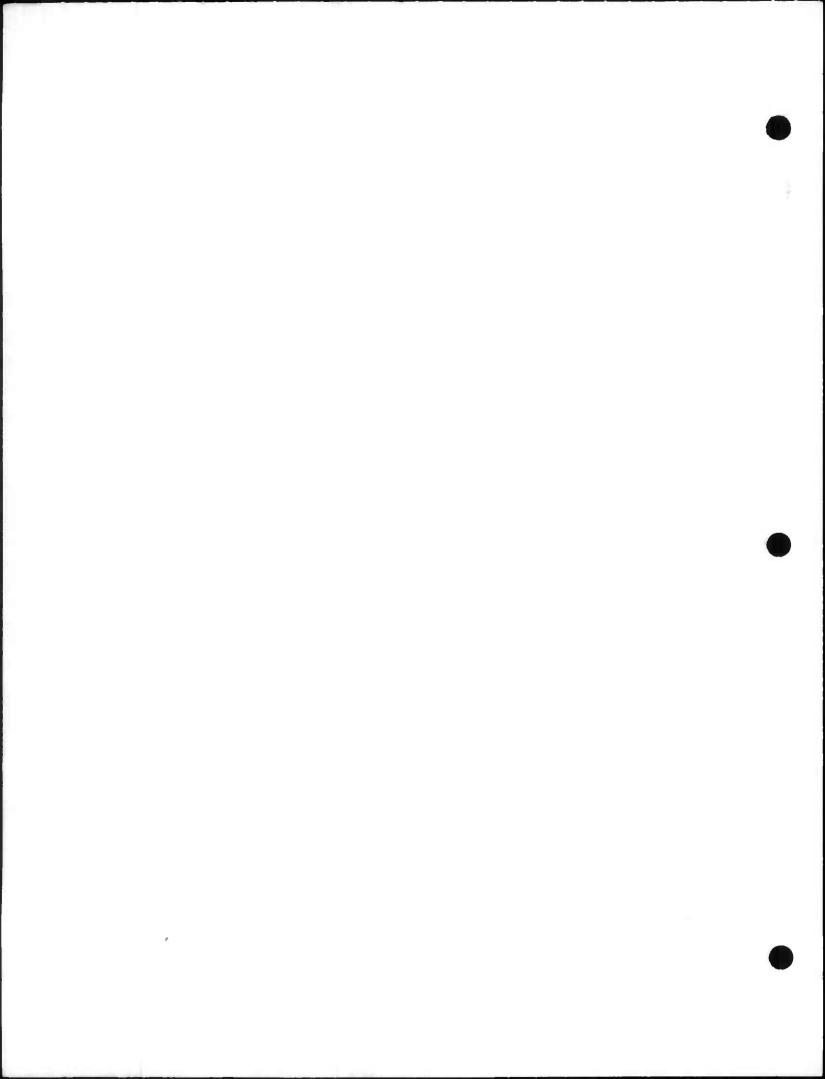
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

שברווווסוור, וווסוורבאווס בול	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use			
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	OR A	DIREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or immovil.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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TÓ BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE STATE OF MARTLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
1. DECEDENT'S NAME (First, Middle, Last) JESSE M.	EADER	Menassa	Eade	r		-18-93AR	3. TIME OF GEATH	
577 03 6738A	1 XM 2 F	94YrsYRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-2-189	Cour	THPLACE (State or Foreign stry) aryland	
90. FACILITY NAME (If not institution, give street Suburban Hospital RESIDENCE OF DECEDENT	· ·	Bethe	s Location of DE	ATH	Montg	omery Co		
10a. STATE 10b. COUNTY	tgomery Co	10c. CITY, T	own or Location	ON			10d, INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 8619 Melwood Road				ZIP CODE 20817			WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 M Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES NO				NDENT OF HISPAN	IIC ORIGIN? (Specify Year n, Puarto Rican, etc.)	US. or No— 14. RAK Bla Spe	CE — American Indian, ck, White, atc.	
15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most	of working	16b. KIND OF BUSI			
17. FATHER'S NAME (First, Middle, Last)	2			18. MOTHER'S NAI	Self Em			
Menassa Hicks Ead 19a. INFORMANT'S NAME (Type/Print) Susan H. Eader	er	1			loute Number, City or Town,			
20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remova 4 Donation—S. Other (Specify)		PLACE AND DATE OF D	DISPOSITION (Nam		DATE 20c LOC	1817 ATION — City or 1	Town, State	
21. SIGNATURE OF EDWERAY SERVICE LIGHT	Ronald Wa	de, Dir 4/20/93	22. NAME AND	ADDRESS OF FAC	eST,Balto.	atomyBo	ard	
23/PART L Enter the diseases, pr con ahock, pr haart failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	of Drily Dna cause on aa	tha daath. Do not ch lina.	enter the mod	a of dying, such	n as cardiac or respire	atory arrest,	Approximata interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	// -	CONSEQUENCE OF:		dis eq	50			
PART II. Other aignificant conditions of	contributing to death bu	t not reaulting in t	he underlying	cause given in I	Part I. 24a. WAS AN A PERFORM 1 YES 2	ED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	IOSPITAL:		THER:	CE OF DEATH (Che				
27. MANNEB OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJUI WOR	TA YE	B Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	26a, PLACE OF INJURY - building, etc. (Specif	— At home, farm, stree			28f. LOCATION (Street an City or Town, State)	d Number or Rural	Route Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA (Check only one) 2 MEDICAL EXAMINER: (Check only one)	N: To the best of my knowle On the basis of exampleston	dga, death occurred at	t the time, date a	nd place, and dua the t	to the cause(a) end menn	er se stated, due to the cause(e) end manner as stated.	
29b. SIGNATURE AND TALE OF CERTIFIER	Broken	1 (B)	gham	C. LICENSE NUM	88	DATE BENEF	195 Mary Mary 1	
30. NAME AND ADDITIES OF PERSON WHO E	OMPLETED CAUSE OF DEAT	TH (ITEM 27) SOLO	a MK	1 20	817			
31. DATE FAP R 112 3 1953	ST. HEGISTHAR'S SIGNA	EUNE			/	· · ·		

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30. NAME AND ADDRESS OF PERS.

82. N. E. VIII. S.

31. DATE FILED (Month, Day, Year)

ARR28 8 1993

THE CONTROL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	The function of the confidurate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should attend to the control Health and Mental Hypiene prior to burial, cremation, or removal.	MANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE COURS ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	The Manuer of the first certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the attention of the first death with the State Dept. of Health and Mental Hybiene prior to build, cremation, or removal.	ITANT Tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF M	MARYLAND C	DEPART	MEN CAT	T OF H E OF	EALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.		J	11000
	1. DECEDENT'S NAME (First, Middle, Last)	Edmo	1						2. DATE O			YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In yrs. last birthday) F UNDER t YEAR MOORTHS DAYS						7. DATE OF				ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stre	1 M 2 PF	Q C YRS.					MIN.	4 2		26	Country)	VA
OR	3154 ELMO	KA I	que.		9b. CIT	Y, TOWN O	Bue L	SH C	ATH D.,		9c. COUNT	TY OF DEA	ТН
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			OR LOCATI	ON .						Dd. INSIDE CITY		
	MD			Bal	40	1					LIMITS?		
FUNERAL	3154 ELMOI	00 6	720			10f.	ZIP CODE	4			10g. CITIZI		AT COUNTRY?
UNE		12. WAS DECEDENT		MED	12	WAS DECE	WDENT O	21	3			UE	H
В	1 Newer Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 D	NO.	13.	If yes, spe	cify Cuber	a, Mexica	IIC ORIGIN? (n, Puerto Ric :	Specify Yes an, etc.)	or No- 1	Black, V Specify:	American Indian, white, etc.
TED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION mpleted)	16e. DE	ECEDENT'S US	SUAL C	CCUPATION during mos	N t of working	a	16b. K	IND OF BUS	INESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) //fe	. Do MOT use		961							
OM	FATHER'S NAME (First, Middle, Last)					751		ER'S NAI	ME (First, Mid	dle, Maiden	Surneme)		
BE		cen					17	Tax	etha	1	nai	10	
2	190. INFORMANT'S NAME (Type/Print)	alke	K 19	3150	DDRES	S (Street an	Number	or Rural R	Number	City or Town	n, State, Zip C	(ode)	517
	20e. METHOD OF DISPOSITION 1 © Burlel 2 Cremetion 3 Remove	al from State		AND DATE OF		SITION (Nam	ne of		DATE	20c, LO	CATION - CI	ty or Town	State
	4 Donation 5 Other (Specify)		Combinery, cro	inatory or othe	11	14	200	n		do	ns	dow	e, Md
	· 0644/	mil	Ol-		22.	NAME AND	ADDRES	S OF FAC	ZILITY	FI.	16	39.	N,
	23. PART I. Enter the diseases, or con	npilcatione that	ceused the de	eth. Do not	t enter	the mod	e of dvir	N ₁	TIEL	c or feeple	†	BR	cadway
	ehock, or heart fellure. List iMMEDIATE CAUSE (Fine)	t only one caus	se on each line		1	E .				o or / copii	otory arres	.,	Approximate Interval Between Onset and Death
	disease or condition resulting in death) a.	MHHIR	UADIT 1	ASC	N	ME	THE T	阳	5				
		DUE TO	OR AS A CONSEC	DUENCE OF):	0	100	des	174	٨				
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):	-	LATO	ey	JOM	仕				
ICA	CAUSE (Disease or injury	AUE TO											
ERTIFICATION	that initiated events reaulting in deeth) LAST	OUE 10 (OR AS A CONSEC	DUENCE OF):									
0	PART II. Other algnificant conditions of	contributing to	feeth but not a	aguiting in	ah a saa	d-alufa -							
ICA	- Chronic Obl	metine 1	13	00016	Maria Company	iderlying	ceuee g	iven in i		PERFORI	MED?	AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE
ME	alterneter	o Dis	1	-					_ '	YES 2	□ NO	DF	DEATH? YES 2 NO
PHYSICIAN: MEDICAL	000 0	/	U										=
SICL		IOSPITAL:	EB/Outputtent 1		THE	3 :	1/		ck only one)				
H	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED												
BY	1 Natural 5 Pending 2 Accident Investigation	ent investigation m 1 YES 2 NO											
	3 Suicide 8 Could not be 4 Homicide datarmined	building, atc. (Specify)											
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of r	ny knowledge, der	eth occurred	at the	lme, date e	nd place	and due *	o the news	e) and ear	tor on white 4		
ŏ.	one) 2 MEDICAL EXAMINER: (On the basis of sa	middlen end/or l	nveatigation,	In my o	pinion, dea	ith occurs	d at the t	Ime, date and	d place, and	due to the o	euse(s) en	d manner se stated.
BEO	296. SIGNATURE AND TITLE OF CENTIFIER	N	(m)				Pe LICE	ISE NUMI	MER C	T	29d. DATE S	IGNED (Mo	ON Day Year)
2	30, NAME AND ADDRESS OF PERSON WHO C	OMBI EXEN DATES	05.05.05.05				1	130	30		1	-14	193

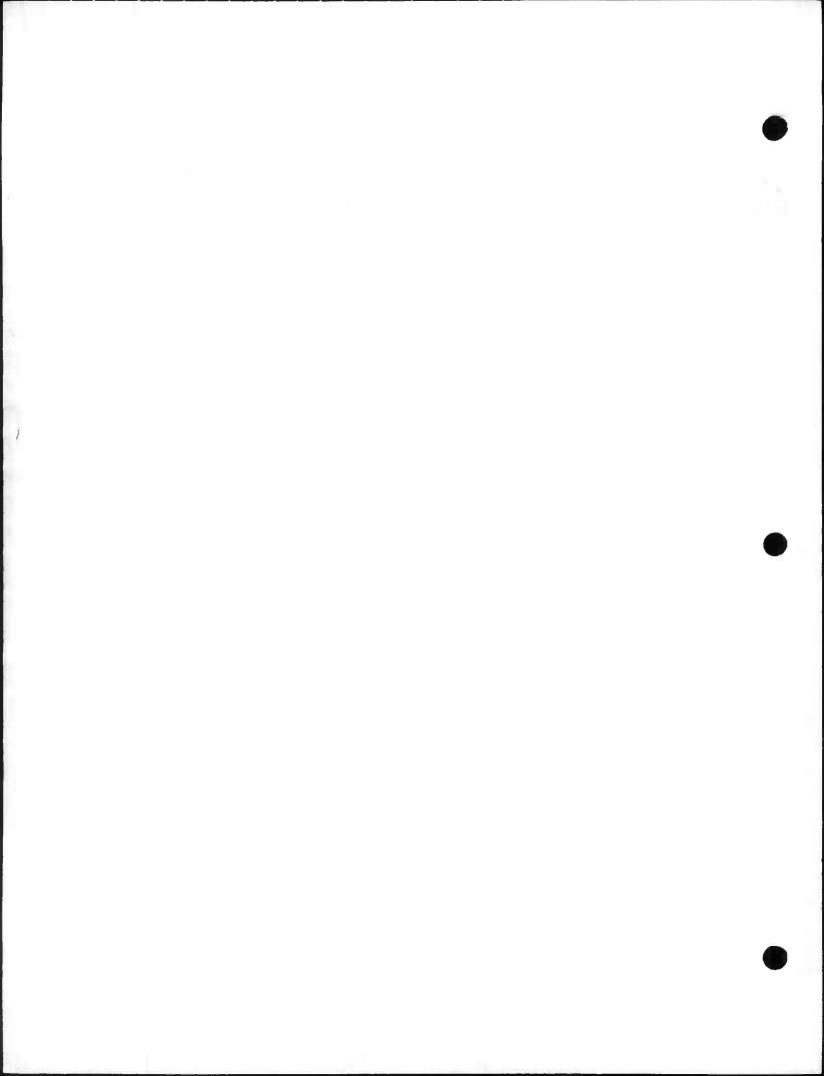
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STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 4-18-93 1. DECEDENT'S NAME (First, Middle, Last) POBERT THEODORE FISCHER 2. DATE OF DEATH Obert -15her A SOCIAL SECURITY MUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F YRS 18 4010 102 New Se. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF BEATH 0 Anne rth DIRECTOR Varundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY New York 1 YES 2 NO Uniondale permit. FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 1270 Cambria Street 11553 24 nours after death. Page 6 may be retained by the hospital or attending physician. USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 K Married If yes, specify Cuban, Mexican, Pt 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify 3 Widowed 4 Divorced Navy WWTT White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 166. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Title Company Attorney 12+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Item 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at George F. Fischer BE Dorothy Kortvelessy 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Ann Fischer 1270 Cambria St. Uniondale NY 11553 20a. METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 4 Deponation 5 Qther (Specify) ATURE OF FUNDAL SERVICE LIGHTSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 4/20/93 655W.BaltimoreSt,Balto.,MD 21201 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Musopardial law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF); CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAIL ARLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 1 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 DR 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. HOSPITAL 2 D/MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 뿓 June 2 COMPLETED CAUSE OF DEATH (ITEM 27) 12. REGISTRAR'S SIGNATURE 31. DATE FILED (Moreth, Day, Year)
APR 23

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-16 Rev 1/89



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hours after death. Page 6 may be retained by the hospital or attending physician	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-trains
TENDING PHYSICIAN: The law requires that the death certificate be executed within	TOR: After this certificate has been signed by the attending physician and completely fille
	ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The 'law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF I	MARYLAND /						MENTA	L HYGIEN	E S	3	11692
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIF	ICAI	E OF	DEA	ГН		REG. NO			
									MONT		AY	YEAR	3. TIME OF DEATH
	LaVerne		itzgera	ld					Apr		199		10:15 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In:		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH th, Day, Year)	100000111	8. BIRTHE	PLACE (State or Foreign
	220-01-4990	10 € M 2 ☐ F	74	YRS.	months.	54.15	noons	wine,	Aug.		1918		vland
1	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF OE	ATH		9c. COU	NTY OF DE	ATH
S S	Franklin Square	Hospital			Ros	inse	16				Ba	ltimo	re
DIRECTOR		Aklin Square Hospital Rossville											
H	10a. STATE 10b. COUNTY	10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY LIMITS?	
ā	Maryland Balti	more Cou	ntv	Par	kvi.	lle							1 TES 2 1 NO
AL.	10e. STREET AND NUMBER					101	ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	3621 Double Rock	Lane				12	7 234				II.	S. A.	
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AF	RMED	13				IIC ORIGI	N? (Specify Yes			- American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2	NO			city Cuba	n, Maxica	n, Puerto	Ricen, etc.)		Black,	White, etc.
ВУ	3 Widowed 4 Divorced		III			1 [] 163	2)() NO	Specify	.			Specify	White
8	15. DECEDENT'S EDU	CATION	16a. DE	ECEDENT'S	USUAL (OCCUPATIO	N N		160	, KIND OF BUS	SINESS/INC	USTRY	Wille
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Life.	live kind of a Do NOT us	work done se retired.,	during mos	st of working	g					
4	6	conege (1-4 b) 5	·	ustod	ion				1	Comobos	C		and the
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 00	uscoc	TGH		10 MOTE	MED'S MAI		edera		eram	90.0
	James Fitzge	2024									Surriemen		
BE	James Fitzge 19a. INFORMANT'S NAME (Type/Print)	raid	1				Emm			eifer			
2		- 1								ber, City or Tow			
	Richard Fitzger	ald						Lane					and 21234
	20e. METHOD OF DISPOSITION 10 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE cemetery, cre	amelon, or o	ther place	1		123	TAO		CATION -		m, state
	21. SIGNATURE OF FUNERAL SERVICE LIC		1.20.2.		22	. NAME AN	D ADDRES	SS OF FAC	CILITY				arryrand
		0	1.		I	Bruzd	zins	ki F	uner	al Hor	ne PA		
	Man 12	2000-	nu			407	East	ern	Aver	ue Es	sex.	Mary	rland 21221
	23. PAIT I Enter the diseases, or o shock, or heart fallura.	complications the	t caused the de	esth. Do i	not ente	r the mod	de of dyl	ng, aucl	h aa cer	diac or reapl	ratory arr	reat,	Approximate
l l	IMMEDIATE CAUSE (Final			_			2						Interval Between Onset end Deeth
	disease or condition resulting in death)	AThe	rosclus	stu	- 6	ma	1001	Vas	en	land	use	uc	
	, and a second		(OR AS A CONSE										1
z													
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F):								
₹ I	ceuse. Enter UNDERLYING												
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								
F	reaulting in death) LAST												
S													
A	PART II. Other algnificent condition	contributing to	death but not i	reaulting	In the u	nderlying	cause g	lven in	Part I.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL										1 TYES 2			COMPLETION OF CAUSE OF DEATH?
三													1 YES 2 NO
5							-	-					
A	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH /Che	ock only o	nel			
2	EXAMINER?	HOSPITAL:			OTHE	R:		•		,			
¥	27. MANNER OF DEATH	1 Sinpetient 2 28a. DATE OF		1		rsing Home		sidence		-			
4	M 1 DMC PVATUURUS 3 Principles												
B	2 Accident Investigation												
8													
	4 Homicide determined										-		
7	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, date	and place,	end due	to the ce	use(a) and mar	ner as stat	ed.	
COMPLET	one) 2 MEDICAL EXAMINE												and mennar as stated.
	296, SHANATURE AND TITLE OF PERTURE		/			Т		NSE NUM					Month, Day, Year)
B	1 hand 1311	what	nun				N	21	000	>	b 4	1-2	1-93
0	30 NAME AND ADDRESS OF PERSON WH	004	204				_//	2/					/ -

completed cause of Death (ITEM 27) (Type. Print)

LET MD 9105 Franklin Sq. Dr. Su, to 206

32. REPOSTRAR'S SIGNATURE

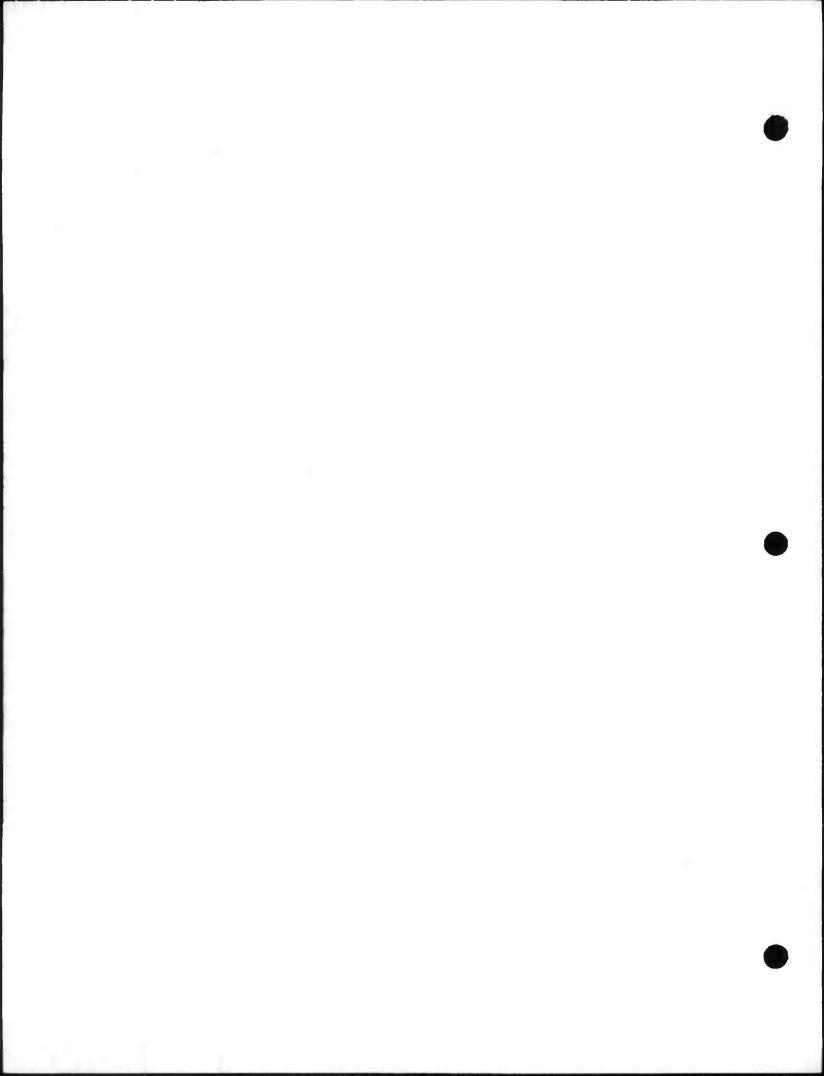
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BALTIMORE, MARYLAND 21215-0020

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING I	TO THE FUNERAL DIRECTOR: After this c	be filed within 72 hours after death	IMPORTANT: If Item 28 Is man	

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH	
	Char:	les E	. Forem	an						4	2	Ö	93	6:38 P. M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, D			8. BIRTH	IPLACE (State or Foreign	
- 1	215-03-4221		12 M 2 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.		8/13			vland	
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE		-7-0	9c. COUN			
DIRECTOR	Good Samar:	itan Ho	ospital			:	Balt	. C	ity						
ទួ	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN	OB LOCA	TION						10d. INSIDE CITY	
<u> </u>	Maryland													LIMITS?	
	10a. STREET AND NUMBER	Balt	.0 .			alti	-	e 1. ZIP CODI				100 CITI	ZEN OE V	1 ☐ YES 2 ☑ NO WHAT COUNTRY?	
FUNERAL	1411 Sh	offord	Da				"		2123	20		log. Gris	LEN OI		
3	11. MARITAL STATUS	ELIOIG	12. WAS DECEDEN	IT EVER IN U.S. AI	RMED	13.	WAS DEC	CENOENT O		NIC ORIGIN? (Specify Ver	or No.	14. RACI	U.S.A. E - American Indian,	
	1 Never Married 2 🔀			YES 2 AAR OR DATES	NO		If yes, sp		n, Mexica	in, Puerto Rici			Spec	k, White, etc.	
B	3 Widowed 4 Divo	rced		WWII					opou.,	,		×	орос	White	
COMPLETED	15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)	(0	ECEDENT'S Give kind of	work done	CCUPATI during me	ON ost of workin	10	16b. K	ND OF BU	SINESS/IND	USTRY		
ا و	Elementary/Secondary (0)-12)	College (1-4 or 5	244	e. Do NOT us	se retired.)			-						
₹	8				Super	visc	r	,				cell C	orp.		
	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTE	HER'S NA	ME (First, Mick	dle, Malden	Sumame)			
8	19a. INFORMANT'S NAME (Charle	s Forem							Cum					
임				15	Pb. MAILING				or Runal I	Route Number,	City or Tow	n, State, Zip	Code)		
	Mrs. Nellie		reman	20b. PLACE	AMDDATE	Same				DATE	I	CATION —			
	12 Burial 2 Crematic	on 3 🗆 Remo	oval from State	cemetery, cr	ematory or o	ther place)			_		200		200		
	21. SIGNATURE OF FUNERA		ENSEE /	Dulla	ney V			NO ADDRES			193	Timo	nium	Md.	
- 1	1	//										k Rd.		204	
\neg	23. PART I. Enter the d	leases or o	omnileations the	d anused the d	anth Da	R	uck	Tows	on F	unera	Hom	e, Ir	ic.		
	shock, or h	eart fellure. I	List only one can	use on each lin	a.	iot enter	tha me	oue or ayı	ing, suc	II as Cardia	c or respi	ratory arm	est,	Approximate Interval Between	
•	iMMEDIATE CAUSE (Fir disease or condition	ial	A	SCUT										Onset and Death	
	resulting In death)	→		(OR AS A CONSE	OUFNCE O	Đ:									
_														j	
CERTIFICATION	Sequentially list conditi if any, leading to imme		DUE TO	(OR AS A CONSE	QUENCE O	F):									
გ	cause. Enter UNDERLY	ING	D												
	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	QUENCE O	F):									
H H	resulting in death) LAS		d												
- 11	PART II. Other significa	int condition	s contributing to	death but not	recuiting	in the u	nderlyin	g cause g	given in	Part I. 24	la. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
EDICAL	10.										PERFOR	-		AMILABLE PRIOR TO COMPLETION OF CAUSE	
										_ '	∐ TES Z	E NO		OF OEATH?	
_										_ 1				1 163 2 NO	
₹	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					26. P	LACE OF O	EATH (Ch	eck only one)					
BY PHYSICIAN:	1 VES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 Re	sidence	6 🗆 Other (S	Specify)				
된	27. MANNER OF DEATH		28a. DATE OF (Month, E		26b. TIM	E OF JURY	28c. IN.	JURY AT		28d. DEŞCR	IBE HOW I	NJURY OCC	URED		
<u></u>		Pending Investigation				М	_	YES 2	NO						
ED		Could not be	28e. PLACE (building,	OF INJURY — At he etc. (Specify)	ome, farm,	streel, fac	tory, offic	ia.			ON (Street a	and Number	or Rural I	Route Number,	
		determined			_						10.00				
COMPLET		TIFYING PHYSIC	CIAN: To the best of	f my knowledge, d	eath occurr	ed at the t	time, date	and place,	and due	to the cause	(e) and mar	iner aa state	ed.		
Š	one) 2 MED	ICAL EXAMINE	R: On the beals of a	xamination and/or	investigation	on, in my o	opinion, d	death occur	ed at the	Ilma, dete an	d place, an	d due to the	e cause(d	a) and manner as stated.	
w	296, SIGNATURE AND THE	OF CERTIFIER	00	1 .1					ENSE NUA			29d. DATE	SIGNEO	(Month, Day, Year)	
0 0	2	man	V. C	este	2/	12		LD/	195	03		1	>	1.93	
-	30. NAME AND AGORESS OF	F PERSON WHO	O COMPLETEO CAU	SE OF OEATH (ITE	M 27) (Type	, Print)									
- 1						-									
	Edward P	Cost		. 10	Gera	rd A	ve.	2109	93	Rr	n 214				
	Edward P		12 DECISTO	TO'S CICHATHOS	Gera	rd A	ve.	210	93	Rr	n 214				
			12 DECISTO	Ashdale	Gera	rd A	ve.	2109	93	R	n 214			DHMN-16 Rev 1/89	





BALTIMORE, MARYLAND 21215-0020

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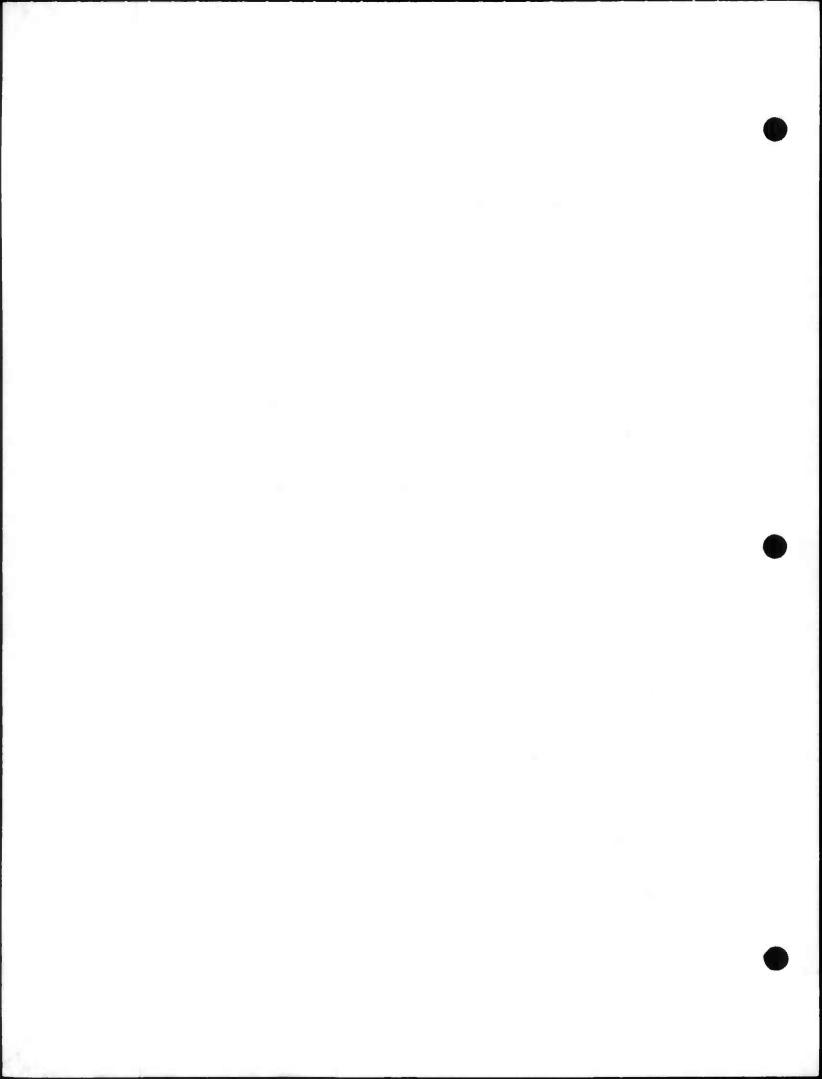
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

cian.	I-transit permit. Pages 1, 2, 3 should	
NITENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The COR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 showing the State Debt, of Health and Mental Hydere prior to burial, cremation, or removal.	s notified at once.
within 24 hours after death. Page 6 may t	pletely filled in by the funeral director, pag- cemation, or removal.	from 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate be executed w	The CTOR: After this certificate has been signed by the attending physician and completely filled in by the after death with the State Deot, of Health and Mental Hyolene prior to burial, cremation, or removal.	any injury, or other traumatic eve
VG PHYSICIAN: The law requires	ter this certificate has been signed ath with the State Dept, of Healti	marked, or item 23 shows a
ATTENDI	TOTAL STORY: A	Item 28 Is

-	FOR STATE REGISTRAR		/ DEPARTMENT OF HEALTH AND ERTIFICATE OF DEATH	D MENTAL HYGIENE REG. NO.
C	ECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN
	MATERIA D	Τ	71 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MONTH DAY

- 6	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN													
	MYRTLE T.				FAITHFUL					MONTH DAY YEAR 04 21 93		YEAR	12:37A M	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les			IF UNDER 1 YEAR IF UNDER 24 HRS. 7. E			7. DATE OF BIRTH 8. BIRTHP			ACE (State or Foreign	
	270-38-8520)	1 🗆 M 2 💢 F	91	YRS.	MONTHS	ONTHS DAYS HOURS MIN. (Morith, Day, Year) 11 07 1901				Country)	Ohio		
	9e. FACILITY NAME (If not institution, give street end number)					9b. CITY	b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEAT							
S.	GREATER BA	ALTIMO	RE MEDICA	AL CENTE	R		ТО	WSON			В	ALTIMO	ORE	
5	RESIDENCE OF DEC													
DIRECTOR	197	10b. COUNTY				Y, TOWN C		ION				10	Dd. INSIDE CITY LIMITS?	
	MARYLAND 10s. STREET AND NUMBER	RAL.	TIMORE		T	TOWSON							1 TES 2 NO	
FUNERAL		TOD:	DI DOID	11001							IZEN OF WNAT COUNTRY?			
2	3U3 EAS	ST JOP	PA ROAD	F1804		21204 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or N						USA		
丑	1 Never Married 2		FORCES?	YES 2 1		- 1	If yes, sp	ecify Cubi	n. Mexican	, Puerto Rican, etc.)	s or No—	Black, W	American Indian, thite, etc.	
B	3 Wildowed 4 Divo	rced	IF TES, GIVE T	MAH OR DATES		'	1 YES	2X NO	Specify:			Specify:	Black	
COMPLETED	15. DEC	EDENT'S EOU	CATION	16a. DE	CEOENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0		College (1-4 or 5			work done (se retired.)	auring mo	St of working	ng	1				
MP			4years	le	acher	^								
8	17. FATHER'S NAME (First, M									ME (First, Middle, Maider	Surneme)			
BE	Richar		er							Muntz				
2	190. INFORMANT'S NAME (7			19						loute Number, City or Tox				
. 1	Geraldine		ordes					_	venue	<u>Baltimo</u>				
	20e. METHOD OF DISPOSITI	n 3 🗆 Rem	over State	20b. PLACE of Cernetery, cre	metory or o	OF DISPOS ther plece)	ITION (Na	me of				City or Town,		
	21. SIGNATURE OF FUNERA			Ar	butus	Men	1 Pai	rk	00 00 00	42493	Arbu	tus, M	ld	
	10.		II V		T	_ ""	Mai	rch F	SS OF FAC	Vest				
	TINO	me 7	A	ingsor	IR	<u>ک</u>	430	0 Wat	oash	Avenue				
	23. PART Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, pr heart failure. List only one cause of each line.													
	IMMEDIATE CAUSE (Findisease or condition	nal											Onset and Death	
	resulting in death)	→ ,		RDIO PUL			RRES	T						
	OUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
S	ceuse. Enter UNDERLYING													
Ē	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
	resulting in death) LAST													
0	PART II. Other aignifica	nt condition	s contributing to	death but not r	esuiting	n the un	derlylne	COURS (alven in E	Part i. 24s. WAS AF	ALTTOREY	1 045 48		
S						iii tiile dii	iour ry mg	y cause §	given in r	PERFO	RMED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE	
	1 VES 2 NO OF DEAT						DEATN?							
										-		1 [YES 2 NO	
AN	25. WAS CASE REFERRED TO	O MEDICAL					26 Pt	ACE OF O	FATH (Che	ck only one)				
Sic	EXAMINER?		HOSPITAL:	FR/Outpatient 3	□ DOA	OTHER	1 :			3 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		284. DESCRIBE HOW	NJURY OC	CURED		
ВУР		Pending Investigation	(Month, D	lay, 10ar)	INJ	URY		RK? 'ES 2 [- 1					
	3 Suicide 8	Could not be	28e. PLACE O	F INJURY — At ho etc. (Specify)	me, ferm, :	treet, fect	ory, office	•		281, LOCATION (Street	end Numbe	r or Rural Route	e Number,	
#	4 Homicide	determined								City or Town, State				
2	29e. CERTIFIER (Check only	IFYING PNYSK	CIAN: To the best of	my knowledge, de	ath occurre	ed at the ti	me, date	end place,	, end due t	to the cause(e) end ma	nner as sta	ted.		
COMPLETED										lme, date end place, e			id menner es stated.	
	29b. SIGNATURE AND TITLE	OF CENTIFIER	1					29c. LICE	NSE NUME	BER	29d. DAT	E SIGNED (MC	onth. Day. Year)	
BE	M. C	lille	م	illo		29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4.21.93								
유	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	1 27) (Type,	Print)					1	100		
			0	- 00									[
	31. DAREPHED TONG DONG	393	PER PERSONAL	Blend pulgo	2									
		- 0												

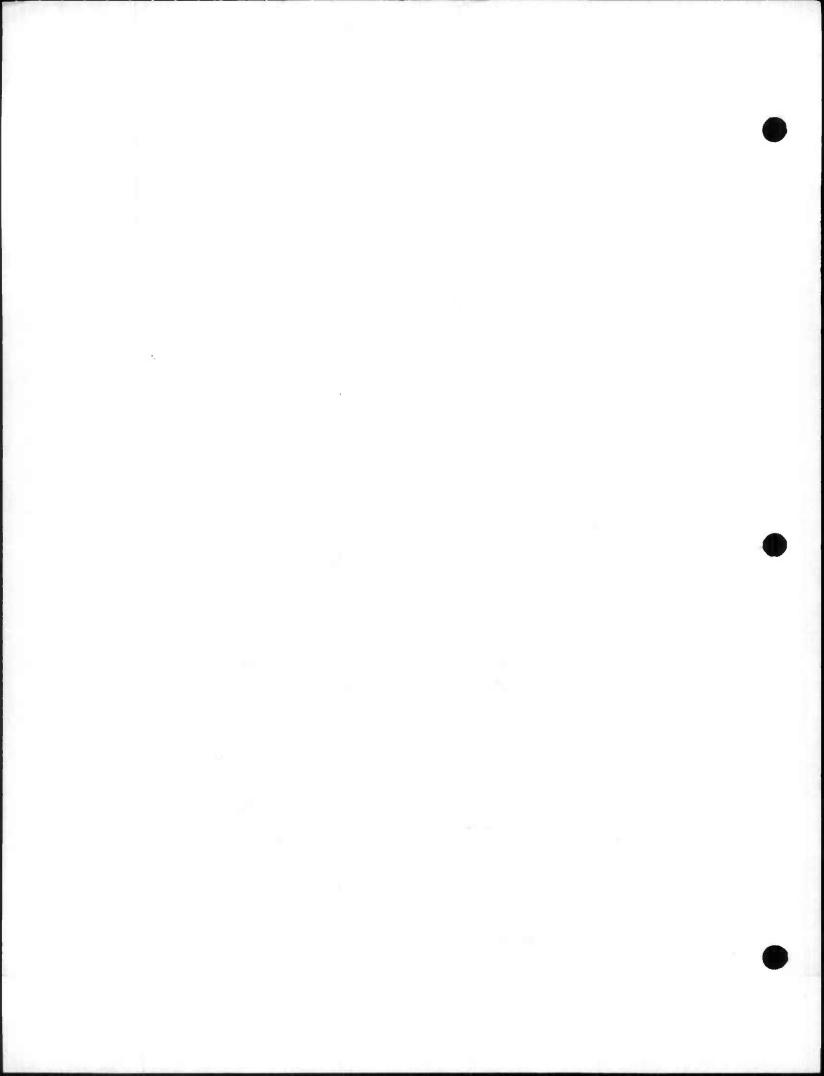
THE HOUSE See filed



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

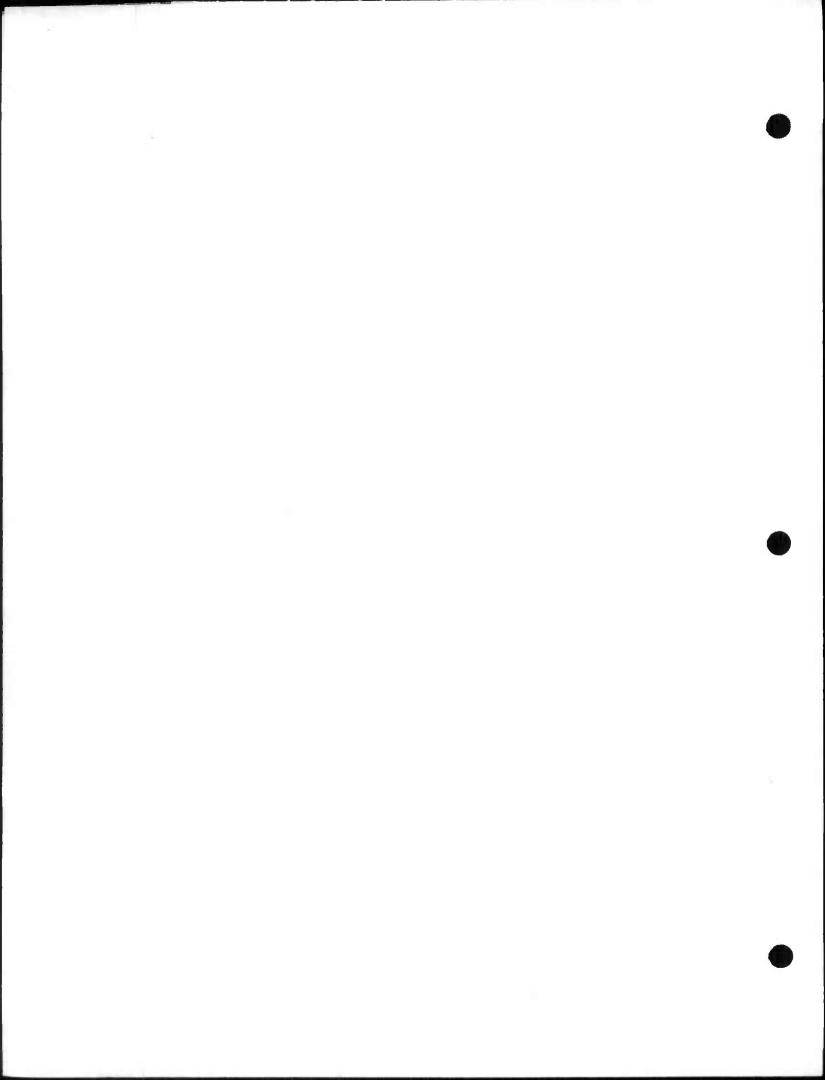
The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should the State Deri, of Health and Mental Horison princip burla, cremation, or removal.	nerked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDED FINE CIAN: The law requ	TO THE FUNERAL DIRECT Continues and fine State Dent. of the filed within 22 hours	IMPORTANT: If item-28 is merked, or item 23 short

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO		1100			
- 1	1. DECEDENT'S NAME (First, Middle, Last						2. DATE OF DEATH SONTH DAY YEAR				
	VIRGINIA G. FA					4 2	1 9	73 04/A M			
-	213-30-3082	1 □ M 2 💢 F 85	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) MARCH 29	,1908	BIRTHPLACE (State or Foreign Country) RICHMOND, VA.			
Œ	9a. FACILITY NAME (If not institution, give CARROLL COUNTY G		AL	WESTM	NSTER	DEATH	9c. COUNTY	OF DEATH			
DIRECTOR	RESIDENCE OF DECEDENT						<u> </u>				
IR.	10a. STATE 10b. COUN			TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	MARYLAND C	ARROLL		WESTMINS	ZIP CODE		40- 0/7/75/	1 YES 2 A NO			
FUNERAL	93 TIMBER RIDGE	DRIVE		100	21157			.S.A.			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I				NIC ORIGIN? (Specify Yes	s or No— 14	. RACE — American Indian,			
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES			2 X NO Spec	en, Puerto Rican, etc.) Hy:		Specify: WHITE			
COMPLETED	15. DECEDENT'S EC (Specify only highest gra-	DUCATION de completed)	16a. DECEDENT'S U	ork done during mo		16b, KIND OF BU	SINESS/INDUS	TRY			
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	UNDERWR	1		TNGIID	ANCE C	OMPANV			
OM	17. FATHER'S NAME (First, Middle, Last)		UNDERWR	LIEK	18 MOTHER'S N	AME (First, Middle, Meiden		OHI ANI			
	FRANK STUART SPL	ATT				ENCE CLOTH					
TO BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
۲	VERNON M. FAID		93 TI	MBER RI	GE DRIV	E - WESTMI	NSTER,	MD. 21157			
	20a. METHOD OF DISPOSITION IX Burlal 2 Cremation 3 Re 4 Denation 5 Other (Specify)		DUDON PAR			1	CATION — CH	or Town, State E			
	21. SIGHATURE OF FUNETAL SERVICE I		702011 11111	22. NAME AF	D ADDRESS OF F	ACILITY	NO				
	1 line 11 4	Smill				AL HOME, I		MD 21229			
ATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause CARNIAL ARLAYTAMUS —					1 See given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH? 1 YES 2 NO					
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)										
YSI	1 TYES 2 760	HOSPITAL:		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)					
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	IRY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUP	RED			
B	2 Accident Investigation			YES 2 NO							
TED	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
띪	29b. SIGNATURE AND TITLE OF CENTIE	mul	2 4	in	29c. LICENSE NU	MBER EDG9	29d. DATE S	IGNED (Month, Day, Year)			
٥	30. NAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	Print) 11 N	unsn	y Rd.	112	20 11/20 20			
1	31. DATE FILED (Month, Day, Year) APR 2 3 1993	Julia Dandson-A	Sypteme .		275		we	SI PULLED SUN			



TO BE COMPLETED BY FUNERAL DIRE	D BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-trains, permit pages wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traink primit. Pages be interested with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospital or attending physician	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 93 169									6		
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR								3.	TIME OF DEAT	н
	Paul	Leroy		FROCK	FROCK April 20					2:50	Дм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLAC					ACE (State or For	reign		
	217-20-5749	XX ^{M 2 □ F} 66	YRS.	MONTHS DAYS		July	9, 19				
<u>م</u>	9e. FACILITY NAME (If not institution, give st			111	PR LOCATION OF D	EATH		9c. COUNT	TY OF DEAT	ТН	
6	Franklin Square	Hospital		Ba	ltimore			Balt	imore	2	
DIRECTOR	Maryland 106. COUNTY	· · · · · · · · · · · · · · · · · · ·		town on Locat						d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER		Do		. ZIP CODE			10a CITIZI		T COUNTRY?	NO
FUNERAL	5701 Arnhem Road				21206				S. A.		
15	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	17 (Specify Yes		I4. RACE —	American India	n,
ВУ	1 Never Married XX Merried 3 Wildowed 4 Divorced	FORCES? TOTYES	ATES		2 NO Specific		Rican, etc.)	1		Tillo i to	
	15. DECEDENT'S EDUC	WII	16a. DECEDENT'S L	ISLIAL COCURATIO		1970				White	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		ork done durina mo		16b.	. KIND OF BUS	SINESS/INDU	STRY		1
COMPLETED	NA	NA	Bus Driv	<i>i</i> er			M. T	. A.			
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, A	Middle, Meiden	Surname)	-		\neg
BE (Earl L. Frock				Glady	s Bu	pp				- 1
0	19e. INFORMANT'S NAME (Type/Print)	: ->			nd Number or Rural						
-	Doris N. Frock (W.				oad, Bal	_					
	20e. METHOD OF DISPOSITION WWW. Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State 20b	PLACE AND DATE OF	FDISPOSITION (Na	meol	DATI		CATION — CI			_
	21. SIGNATURE OF FUNERAL SERVICE LIC		Larley var	22. NAME AN	D ADDRESS OF FA	ACILITY		ПЮПТ	um, r	Marylan	<u>a</u>
	▶ Robert H	Ladrand		Schim	unek Fur	neral					
	23. PART I. Enter the diseases, or c	complications that cause	the death. Do no	333L	Brehms I	ane,	Balti	more,	Md.		
	snock, or neart tellure.	List only one ceuse on a	ach lina.	or entar the mo	ue or dying, suc	on se care	nac or respi	ratory arres	и,	Approxims Interval Ba	tween
	IMMEDIATE CAUSE (Final disease or condition	Congostivo	Hoan's En	ilumo						Onset and	Death
	resulting in death)	Congestive DUE TO (OR AS A	CONSEQUENCE OF	:						-	-
Z	Sequentially list conditions b.									- 1	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury thet initiated events	CDUE TO (OR AS A CONSEQUENCE OF):							-		
E	resulting in death) LAST									į	- 1
	DART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
CAL	PERFORMED? ANAILABLE PR							AILABLE PRIOR T	o		
EDIC					1 [YES 2	0.01101		MPLETION OF CA DEATH?	IUSE		
Σ									YES 2 N	°	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	heck only on	e)				\dashv
Sic	EXAMINER?	HOSPITAL: 1) Inpatient 2 ER/Outp.		OTHER: 4 Nursing Home	5 Residence	r (Specify)					
臣	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	JRY AT		DESCRIBE HOW INJURY OCCURED			\neg	
ВУ	1 Natural 5 Pending 2 Accident Investigation	13000000			WORK? M 1 YES 2 NO						
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	 At home, farm, st ify) 	reet, factory, office		281, LOCA City o	ATION (Street a or Town, Stete)	eet and Number or Rural Route Number, tete)			
Ē	N OFFICIAL A										\rightarrow
COMPLET	(Check only	CIAN: To the best of my knowl									
8		R: On the basis of examination	end/or investigation	, in my opinion, de	eath occured at the	time, date	end place, end	due to the	ceuse(s) en	d menner es sta	ited.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1. 0010			29c. LICENSE NUI	MBER		29d. DATE	SIGNED (Mo	onth, Day, Year)	
70	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type I	Print)				4	117119	3	\dashv
	. Alphonse Osinski		O Frankli		e Drive.	, Bal	timore	, AID	21237	7	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA		•			-				\dashv
	APR 23 1993	in Davidson-A	indebe								



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020	(
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ned by the hospital or attending physician.	-
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transportures after death with the State Derit of Health and Mental Avalene note to burial command on common	ould be detached for use as the burial-tran	permit
Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	Ted at once.	

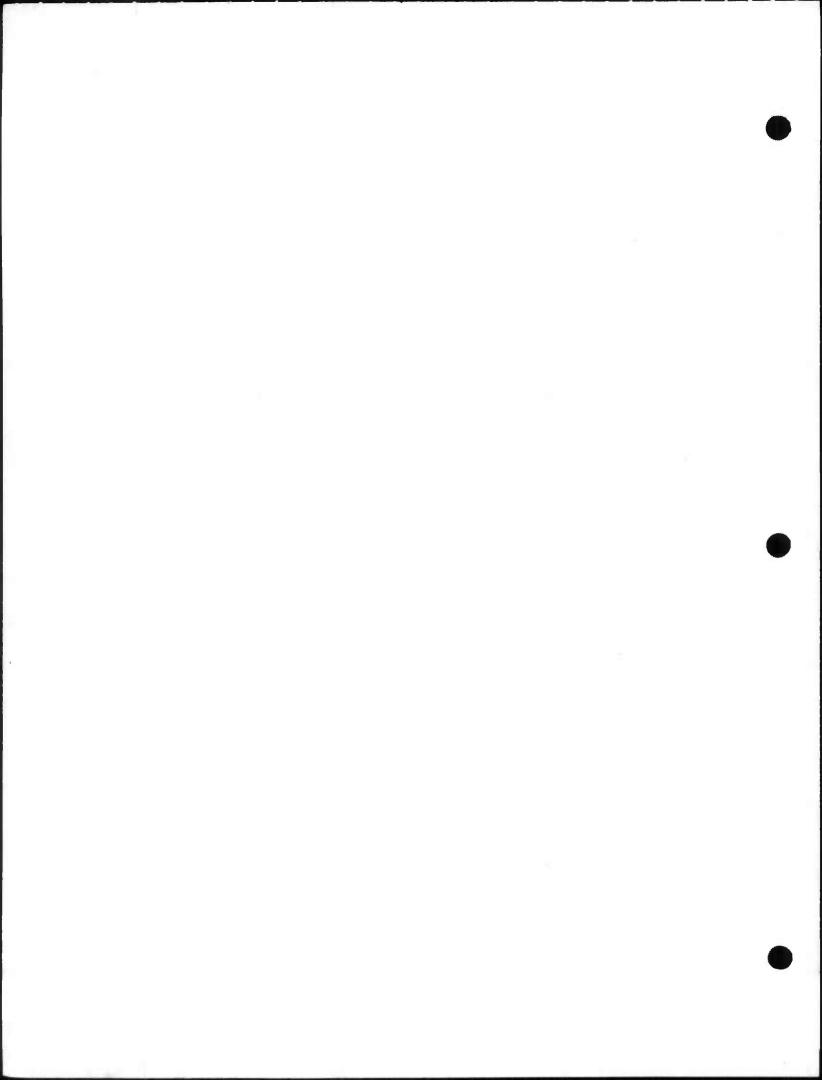
notified at once.

HOSPITAL OR ATTENDING PHYSICIAN:

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deal IMPORTANT: If Item 28 is m

2, 3 should

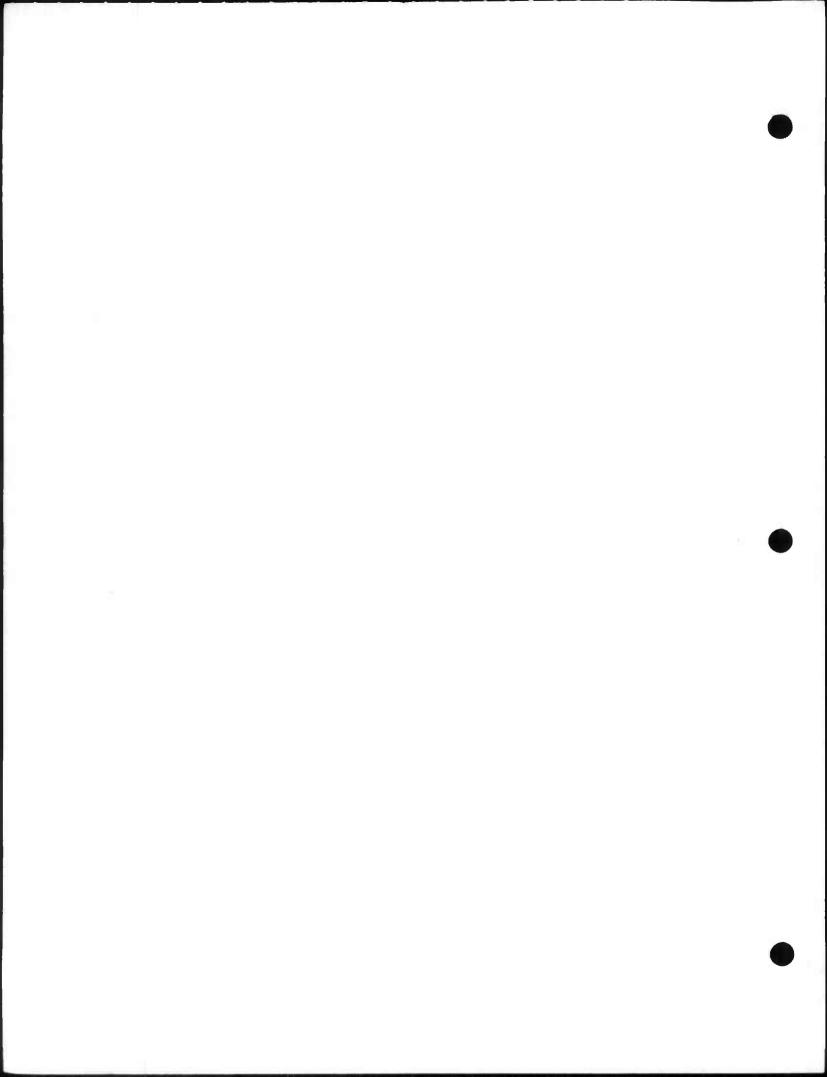
REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH APR. 19, 1993 MIKHAIL FAYNGOLD 10:25 P 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH AUG. 25,1910 82 309-39-8471 1 XM 2 | F DAYS HOURS YRS. RUSSIA 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LEVINDALE BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5900 PARK HEIGHTS AVE., APT. 214 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried If yes, specify Cuben, Mexican, Puerto Ri
1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) TECHNICIAN SHOE FACTORY 10 17. FATHER'S NAME (First, Middle, Last)
FAYNGOLD 18. MOTHER'S NAME (First, Middle, Maiden Surname) (UNKNOWN) BE 190. INFORMANT'S NAME (Type/Print)
MRS RIVA FAYNGOLD 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
5900 PARK HTS AVE, APT. 214 BALTIMORE, MD 21215 2 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Buriel 2 Cremation 3 Removal from State
Donation 5 Other (Specify) BALTIMORE HEBREW 4-21-93 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. BALTO., MD 21215 23. PART Lenter the diseases, or complications that caused the des shock or heart failure. List only one cause on each line. ations thet caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition 50 DUE TO (OR AS A CONSEQUENCE OF) resulting in death) Uniwa ract CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 🗌 YES 2 🗌 NO 14 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) OTHER: 1 YES ZONO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 - Residence 8 - Other (Specify) 28e. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end meriner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. 296 SIGNATURE AND TITLE OF GERTIFIER BE 29c. LICENSE NUMBER Astending 40 DITILS 20 93 Q 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) SCHWARTZM.D. 6824 PARK H 31. DATE FILED (Month, Day, APR 2 3 39. REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attend or attend	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as no major to permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

3

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN			3. TIME OF DEATH			
1	Pierina M. Guterm				April 21,	1 99	3 YEAR	1:45 A M			
		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH			PLACE (State or Foreign			
	218-03-1092 1□M2XF 72	YRS.		100	April 2, 1	921		ryland			
nc	9s. FACILITY NAME (# not institution, give street and number)			OR LOCATION OF D			JNTY OF D	EATH			
DIRECTOR	Harford Gardens Nursing Home		Bal	timore		_					
ا برا ا	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY			
	Maryland Baltimore	Ba	ltimore					LIMITS? 1 YES 2 NO			
FUNERAL	10a. STREET AND NUMBER		10	f. ZIP CODE		10g. CIT		THAT COUNTRY?			
Ä	4605 Ballygar Road			21236		U.	S. A	A.			
필	11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X XNO	If yes, s	ecify Cuben, Mexic	NIC ORIGIN? (Specify Yes	or No-	14. RACE Black	— American Indien, White, etc.			
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DAT	res	1 🗆 YES	NO Speci			Specif				
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	16b, KIND OF BU	RINESS/IN	OUSTRY				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of v	vork done during m se retired.)	ost of working	1849 18112	3111200	003111.				
MP	n/a n/a	Seamst	ress		Clot	hing	Comp	pany			
00	17. FATNER'S NAME (First, Middle, Last)				AME (First, Middle, Melden	,					
BE	Constantino Lanzi				marie Tizz						
2	190. INFORMANT'S NAME (Type/Print) Mary Ann Blimline (Dahtr)				Route Number, City or Tow						
	20e. METHOD OF DISPOSITION	PLACE AND DATE			saltimore,						
	VIVA			Cemetery	0ATE 20c. LO		more				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			NO ADDRESS OF FA							
	· 6/1/1/19				eral Home						
	23. PART i. Enter the diseases, or complications that caused	the death Do s	<u> 19705</u>	Belair F	oad, Balti	more	. Md				
	shock, or heart fallure. List only one cause on each	ch iina.			/		Tent,	Approximata interval Between			
	disease or condition	tow to	iluso	2° to 1	Notasta	lic.		Onset and Death			
į	resulting in death) a. Consulting in death) but 16 pm as a consulting purity for the first factor of the										
N	IMMEDIATE CAUSE (Final disease or condition reaulting in death) a. Resulting for the last accomposition of the last accomposition to the last accomposition of the last accomposition to the last accomposition of the last accom										
ATIC	it any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting in death) LAST										
2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause gives in form to										
DICAL	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE										
111											
M.	1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26.4	ACE OF DEATH (Ch	eck only one)						
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Output	tient 3 DOA	OTHER.		6 Cher (Specify)						
훒	27. MANNER OF DEATN 28e. DATE OF INJURY	28b. TIME	OF 28c. INJ			Specify) RIBE NOW INJURY OCCURED					
BY	1 Netural 5 Pending 2 Accident			ES 2 NO		ECONIDE NOW MISSIN' OCCUPED					
0	3 Suicide 28e. PLACE OF INJURY – building, etc. (Specify	- Al home, ferm, s	treet, factory, offic		28f. LOCATION (Street a City or Town, State)	nd Number	r or Rural Ro	oute Number,			
COMPLET	29e. CERTIFIER (Check only one)	dge, dyath occurre	d at the time, data	and place, and dua	to the ceuse(a) and men	ner se atai	ted.				
8	and the same of th	of experimention end/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(s) and mennes									
띪	29b. SIGNATURE AND UTLE OF CERTIFIER			201 LICENSE HOT	ABER	29d. OAT	E SIGNED	Month Day Hears			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED/CAUSE OF OEAT	N (ITEM 27) /Time	Delett	Dece	75	P -	1722	17)			
	Dr. Frederick S. Sirkis, 7151			Baltimor	e. Md.		/ /				
					-,			7			
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 2 3 1993 Lia Dandson-Randelle											



BALTIMORE, MARYLAND 21215-002	hours after death. Page 6 may be retained by the hospital or attending un commended to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use at the body with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending and account of the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		RTMENT						33 11699
	1. DECEDENT'S NAME (First, Middle, Last)	ARST GALLA	H. J		<u> </u>	DEAL	П	2. DATE OF DEATH MONTH		YEAR 3. TIME OF DEATH
		☐ M 2 M F 68 YRS. MONTH			DAYS	HOURS	IDER 24 HRS. 7. DATE OF BIRTH (Month, Dey, Year) S. BIRTHPLACE (State or Foreign Country)			BIOBYTKSOUS
CTOR	BIO MAPLE V	iew DRIVE		B	<u> </u>	RIA			1	RFORO
DIRECTOR	100. STATE 100. COUNTY	F080	10c. CIT	C351	R LOCAT	NOI				tod. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	Visus Daire			101	ZIP CODE				EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 ☐ YES 2 ☑ N IF YES, GIVE WAR OR DATES			f yes, spe	ENDENT O	s, Mexices	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		3.11
ETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	completed) (Gi		USUAL Of			g	16b. KIND OF BU	JSINESS/INDUS	STRY
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	4 YRS. SC	HOO	1 13	LAC	neH			RO Co	YTOUG
BE CO	ANTHONY H.	LORDITCH				I	RSC	ME (First, Middle, Maide	220	
10	19a. INFORMANT'S NAME (Type/Print)		b. MAILING	ADDRESS	(Street e	A B		Route Number, City or To	wn, State, Zip Co	ode)
	20s. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	BULR	metory or o			me of	ROSA	W-23 0	OCATION - CH	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NCVO .		2	MAN		TERP	DRIVE I		000
	23. PART I. Enter tha diseases, or co- ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	MOHOSIO	die	not anter	tha mod	da of dyl	ng, auch	as cardiac or reas	oiratory arres	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL (PART II. Other significant conditions	contributing to death but not n	esulting	in tha un	dariying	cause g	lven in i	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA		HOSPITAL:	5.0	OTHER	t:			ock only one)		
	27. MANNER OF DEATH 12 Netural 5 Pending	1 ☐ Inpatient 2 ☐ ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	_	28c. INJU	JRY AT		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, ferm, :	street, facto	ory, office)		281. LOCATION (Street City or Town, State	end Number or	Rural Route Number,
COMPLETED		AN: To the best of my knowledge, de: On the basis of exemination end/or i								
TO BE C	296. SIGNATURE AND VITLE OF CERTIFIER	10/200				29c. LICE	SE NUM	814	29d. DATE S	RILDA 1993
	30. NAME AND ADDRESS OF PERSON WHO OR RICHARO L. H. 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEATH (ITEM	M 27) (Type.		De	EVE	- TC	n noton) ARYLO	100
	APR 2 3 1993	Julie Deviden-Ro	nde							

31. DATE FILED (Month, Day, Year)

PERSON WHO COMPLETED CAUSE OF DEATH UTEM 27) (YOU 230)

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

mit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use at the humal-trained be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215

									9:	3	1700
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP	ARTME	NT OF H	EALTH AND DEATH	MENTAI	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH
	G. Wilso	a Gill					MONTH	I D	AY	YEAR	1.00
	4. SOCIAL SECURITY NUMBER		On one has blacket			Name and Address	API		199	3	12 A.M. "
		-	(In yrs. last birthde	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)	· 1	6. BIRTH	PLACE (State or Foreign
	1008 PO SIB		YRS			12	JAC	1.3019	114	MA	
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CI	TY, TOWN O	R LOCATION OF D	EATH		9c. COU	NTY OF DE	
DIRECTOR	STALLA MARI	s. Hospice		I	Tows	noi			BA	Lild	MORE
) H	10a. STATE 10b. COUNT	γ	10c.	CITY, TOWN	N OR LOCATI	ION					10d. INSIDE CITY
ā	MARYLAND BALT	imore		BALI	imof	56				ł	LIMITS?
برا	10e. STREET AND NUMBER	1. 0.00		J. 15.		ZIP CODE			10a CITI	ZEN OF W	THAT COUNTRY?
FUNERAL	13=1: []====1	· Rom					_		log. Citi		O CONTINT
W	1304 GRUDA					2129:	3			U.S.	<u>.A.</u>
문	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES		1:		ENDENT OF HISPAI cify Cuben, Mexica			or No-	14. RACE	- American Indian, White, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		1		2 NO Specif		incarr, enc.)		Specif	
	JE Mounta 1 Divorces		110							W	TIH
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. OECEDEN	'S USUAL	OCCUPATIO	N	16b.	KINO OF BUS	SINESS/IND	USTRY	
l iii	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired	is during mos 1.)	t or working					
ם	IOYRS.		MACH	1.09	12		10	Rown	0.0	RK+	1002
S	17. FATHER'S NAME (First, Middle, Last)			11012	1.0-	18. MOTHER'S NA				NA	- 2141
	1 1 11 1	L C			- 1	in. mother s na	lmE (rist, ii	Maloen	Sumame)		
BE	WILLIAM	P. 6.17				<u> </u>	777	2151	063	R	
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRE	SS (Street an	nd Number or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)	
	FAMILY KE	COROS		SAC	JE 6	AS AB	OVI				
	20a. METHOD OF DISPOSITION		PLACE AND DA			ne of	OATE	20c. LO	CATION -	City or Tov	wn, State
	1 Buriel 2 ☐ Cremation 3 ☐ Rerr 4 ☐ Donation 5 ☐ Other (Specify)	ioval from State	netery, crematory of	other plec	134 1	costson 2	14-2	0 7	~ ~ ~		Marylana.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	CLAIL			D ADDRESS OF FA			1.100	IUM	T MIGHUD
	11 21	1				LEGAHO	OFC	2milte	2		
	Kranta 4-2N	hors			2225	York F	200	- T-	mon	111000	
	23. PART I. Enter the diseases, or	complications that cause	d the death. De	not anti	ar tha mod	a of dving, suc	h as card	ac or respi	ratory arr		Approximate
	snock, or naart tailura.	List only one cause on a	ach lina	-				ido or rospi	ratory arr	001,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	11/3	125%	fice	-	(18d12					Onset and Death
	resulting in death)	a	1								l.
	1	DUE TO (OR AS A	DONSEQUENCE	OF):	K34	cr					
z		b	- 07147								
은	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE	OF):							
\A	cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):							1
<u>E</u>	resulting in death) LAST	3V									18
씽		d									
4	PART II. Other significant condition	ns contributing to death b	ut not resultin	g in the s	underlying	cause given in	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL								PERFOR		1	MAILABLE PRIOR TO COMPLETION OF CAUSE
9								1 TYES 2	MO NO		OF DEATH?
	-										1 YES 2 NO
PHYSICIAN:											
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL/	ACE OF BEATH (CIN	eck any one	9			
Sic	1 TYES 2 SE NO	HOSPITAL:	nettent 3 🗆 nos	OTHE	ER:	5 🗆 Residence	·×				
¥	27. MANNER OF DEATH	286. DATE OF INJURY		IME OF	28c, INJU						
	1 X Natural 5 Pending	(Month, Day, West)		NJURY	WOR	IK7	ann, Desp	CRIBE HOW D	NOUNT DOC	UNEU	
B	2 Accident Investigation	/_/				ts 2 NO					
	3 Suicide 6 Could not be	28e. PEACE OF INJURY Multding, etc. (Spec	- Al Ivome, fern	, street, fe	ectory, office	à		TION (Street a	nid Number	or Pluret Po	oute Numbec
H	4 Nomicide determined		pró				- America	Alexandra de la composição de la composi			
COMPLETED	29s. CERTIFIER 1 SCENTIFYING PHYS	CLAN: To the best of my know	Indian death acco	med of the	time due	and others and d		det			
ž	(Check only Onl) 2 MEDICAL EXAMINE	St. On the heats of second	n motive investigation	tion in		men prace, and due	TO THE CAUS	nam bna (A)ea	mer no state	ed.	000000000000000000000000000000000000000
8		H. On the beats of examination	>	man, in my	squarent, da	enn occurred at the	nme, date	and prace, an	d due to the	e tense(x)	and manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE					20c LICENSE NUN	MER /		294. DATE	SIGNED /	(Morth, Day, War)
						1/15	300		PQ.	1:99	19 1993
2	30. NAME AND ADDRESS OF PERSON WA	O COMEY ETER CAUSE OF RE	ATM OVERA NO. (V.	-7	_		-			1777	11117

DHMH-16 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 how are country with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIM COME After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ar death. Page 6 may be retained by the hospi	TO THE HOSPITAL OF THE PAGE OF PRINCIPLAY. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit

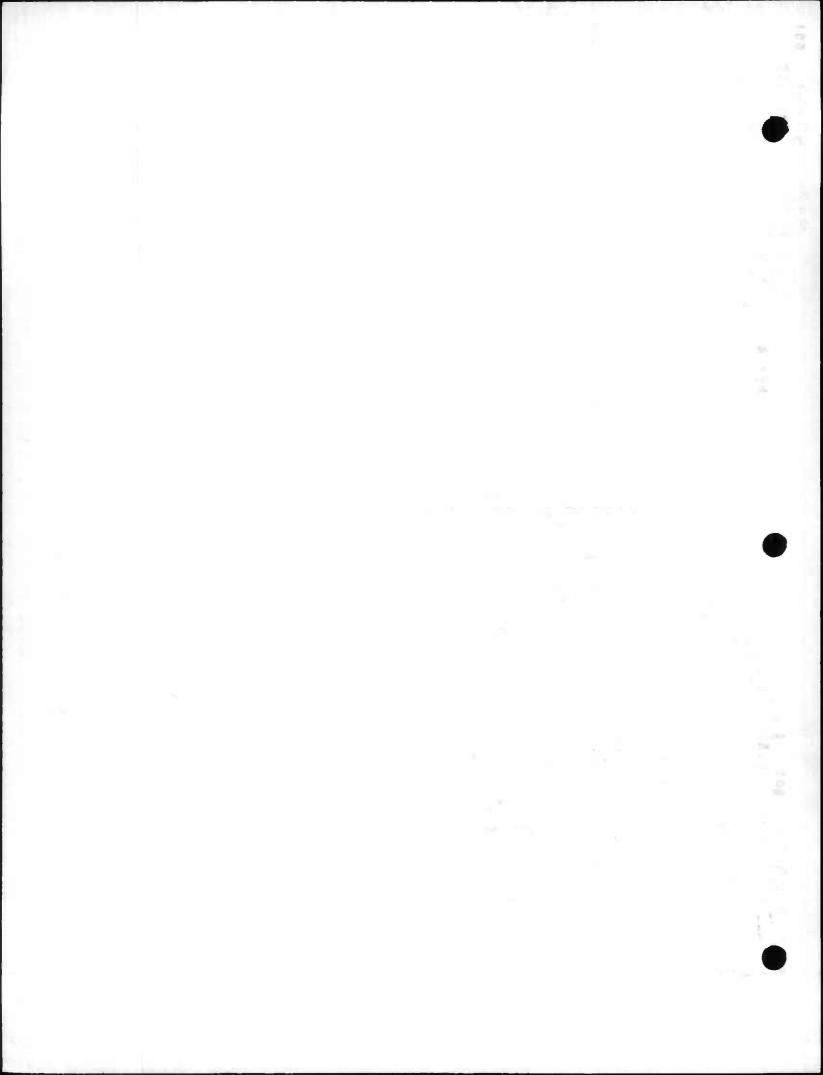
APR 23 1993

	REGISTRAR	E OF MARYLAND /	DEPARTMEN ERTIFICAT	IT OF HEALTH AND E OF DEATH	MENTAL HYGIE		3 11701
	1. DECEDENT'S NAME (First, Middle, Last) C.	HAN:	SEN		2. DATE OF DEATH MONTH	DAY 9	YEAR 6 0 D M
	4. SOCIAL SECURITY NUMBER 5. SEX 127-32-5888 . 1 □ M	~ //	YRS. F UND	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-28-	98	New York
TOR	96. FACILITY NAME (If not institution, give street and n Stella MAUS RESIDENCE OF DECEDENT	umber)	96. CT	WSON, M	D 21204		Y OF DEATH TIMORE CO.
DIRECTOR	100. STATE 10b. COUNTY Maryland Balto).	10c. CITY, TOWN	OR LOCATION WSON			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER 2300 Dulaney Vall	ov. Pd		10f. ZIP CODE	21204	10g. CITIZE	U.S.A.
BY FUN	11. MARITAL STATUS 12. WAS FOR	DECEDENT EVER IN U.S. ARICES? 1 YES 2	MED 13	H yes, specify Cuben, Mexic 1 YES 2 NO Spec	ANIC ORIGIN? (Specify York, Puerto Rican, etc.)	es or No — 1	4. RACE — American Indian, Black, White, etc. Specify
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	16a, DE (G/ #/6.	CEDENT'S USUAL we kind of work done Do NOT use retired.	OCCUPATION of during most of working)	16b. KIND OF 8	USINESS/INDUS	BTRY
OMP	17. FATHER'S NAME (First, Middle, Last)		Home	Maker	AME (First, Middle, Maide	Own I	Iome
BE C	Rock Aquaria	an		Ros	/ I I		
10	19e. INFORMANT'S NAME (Type/Print)	195		SS (Street and Number or Rural	Route Number, City or To		
	Howard Gates 20a. METHOD OF DISPOSITION	20b Bt ACE A	510 Wyn	gate Rd.	Timonium ,		21093 by or Town, State
	1 Donation 5 Other (Specify)	cemetery, cres	natory or other place	y Mem. Grdns	1		um , Md.
	21. SIGNATURE OF HOMERAL SERVICE LICENSEE	alw h.	22	NAME AND ADDRESS OF FA	1050 Yo	ork Rd.	21204
	23. PART I. Enter the disease, or compiled ahock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	one cause on each line.	eth. Do not ente	r the mode of dying, su	ch as cardiac or rea	piratory arres	Approximata Interval Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO JOR AS A CONSEQUE TO JO	DENCE OF J.	n fare her	Ware DIS	ease	
MEDICAL	PART II. Other significant conditions contrib	uting to death but not re	esulting in the u	nderlying cause given in	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERT HOSPI	TAL:	DOA OTHE	26. PLACE OF DEATH (C)			lo lo
ву рну	27. MANNER OF DEATH 26s. 17. Netural 5 Pending 2 Accident Investigation	DATE OF BLURY (Month, Day, Your)	255. TIME OF INJURY M	TRING HOME S ☐ Residence 28c. INJURY AT WORK? T ☐ YES 2 ☐ NO	29d. DESCRIBE HOW	INJURY OCCUR	NEO
COMPLETED	3 Suicide 6 Could not be determined	PLACE OF INJURY — At hon building, etc/(Spocify)	ne, form, street, fe	otory, office	28f, LOCATION (Street City or Years, State	and Number or	Rural Route Number
OMPL	(Check only 1 CESTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the	te best of my knowledge, dea basis of ejaminasion and/or in	th occurred at the	time, date and place, and dus opinion, death occured at the	to the cause(s) and mu	oner as stated.	dunals) and manner or stated
88	2HI. SIGNATURE AND TITLE OF CERTIFIER		>	282 VICENSE NU	MBER		IGNED (Notin, Day, Mar)
2	38. NAME AND ADDRESS OF PERSON WHO COMPLE	two efficies for nearly many				1/	-

BALTIMORE, MARYLAND 21215-002

- DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 1	FATIN	First, Middle, Last)	1.		НА	BBOUS	HE			2. DATE MONT	OF DEATH	, 1993	YEAR	6:50
	4. SOCIAL SECURITY N		5. SEX	8. AGE (In yrs. is		-	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			ACE (State or F
- 1	172-60-70		1 🗆 M 2 💢 F	24	YRS.					11	/25/8		PA.	
ECTOR	9a. FACILITY NAME (# 7/4 THE JOHN	NS HOPKI	NS HOSPI	TAL		BALT				EATH		9c. COUN	TY OF DEA	TH .
EC	10a. STATE	10b. COUNT	TY		10c. CIT	TY, TOWN OF	LOCAT	TION					1	Od. INSIDE CIT
DIR	PA.	MONTO	GOMERY		LO	WER 1	MAR	RIAN	TOV	NSH	IP		1	LIMITS?
MI	10e. STREET AND NUME						7	ZIP COD				10g. CITIZ	EN OF WH	AT COUNTRY?
FUNER	1229 WAV	ERLY I							035					JSA
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 1			IT EVER IN U.S. A I YES 2 D MAR OR DATES		- 17	yes, sp	ecify Cubi	OF HISPAN an, Mexica Specify	n, Puerto	17 (Specify Ye Rican, etc.)	s or No—	14. RACE — Black, V Specify: WHI	- American Ind White, etc.
9	15. (Specify	DECEOENT'S EDU only highest grade	JCATION e completed	16a. D	ECEDENT'S	USUAL OCC	CUPATIO	ON		16b	. KIND OF BU	ISINESS/INDU		
COMPLET	Elementary/Secondar	7	College (1-4 or 5	- 100	e. Do NOT u	UDEN'		ist or world	ng					
징	17. FATHER'S NAME (Firs	it, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BE	FAWZ		BBOUSHE		_						PAR			
2	FAWZ		BBOUSHE	11							oer, City or Tov			
	20a, METHOD OF DISPO			20b, PLACE		OF DISPOSIT	_		RD.M	DAT	GOMER	CATION — C		
	1 🛱 Buriat 2 🗆 Crem 4 🗆 Donation 5 🗆 O	iation 3 🗆 Rem ther (Specify)	noval from State	CALVA			PA			4/2			Α.	, otala
III.	21. SIGNATURE OF FUND	TRAL SERVICE LI	1 2	de	-1				SS OF FA		401 S Funer			er St.
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Anchara hurdra makely by successful minutes Onset and peath Number Onset and peath Number Oue TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):										/		Interval E Onset an	
TTIFICATION	Sequentially list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or I	nditions, imediate RLYING Injury	b	Anch (OR AS A CONSE	EOUENCE O	PF): pl/d PF):		duce	ed by	i prost	ycemi			Onset an
CERTIFICATION	Sequentially list con if any, leading to im- cause. Enter UNDER CAUSE (Disease or i that initiated events resulting in death) L	nditions, imediate RLYING Injury	b. DUE TO	Anch (OR AS A CONSE	OUENCE O	PF): PLYCO PF):	sæ.							Onset an Minim
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BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or ithat initiated events resulting in death) L. PART II. Other significations of the examiner? 25. WAS CASE REFERRE EXAMINER? 1 PYES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	Inditions, mediate RLYING Injury AST Ifficent condition FO, TO MEDICAL AST AST AST AST AST AST AST A	b. DUE TO c. DUE TO d	OR AS A CONSE	COUENCE OF THE PROPERTY OF THE	OTHER: AUTHOR OTHER: A ON Nurselle OF MURRY M	28. PL::::::::::::::::::::::::::::::::::::	G couse LACE OF C NO 5 □ R URRY AT PRK? YES 2 [given in	Part I. Beck only or B Other 28d. DE:	24s. WAS AN PERFO	I AUTOPSY RMED? 2 PNo INJURY OCC	URED	Onset an Min w 749 VERE AUTOPSV F MAILABLE PRIOR OMFILETION OF F DEATH? YES 2 1
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DIVISION OF VITAL RECORDS, P.C. BOX box out,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

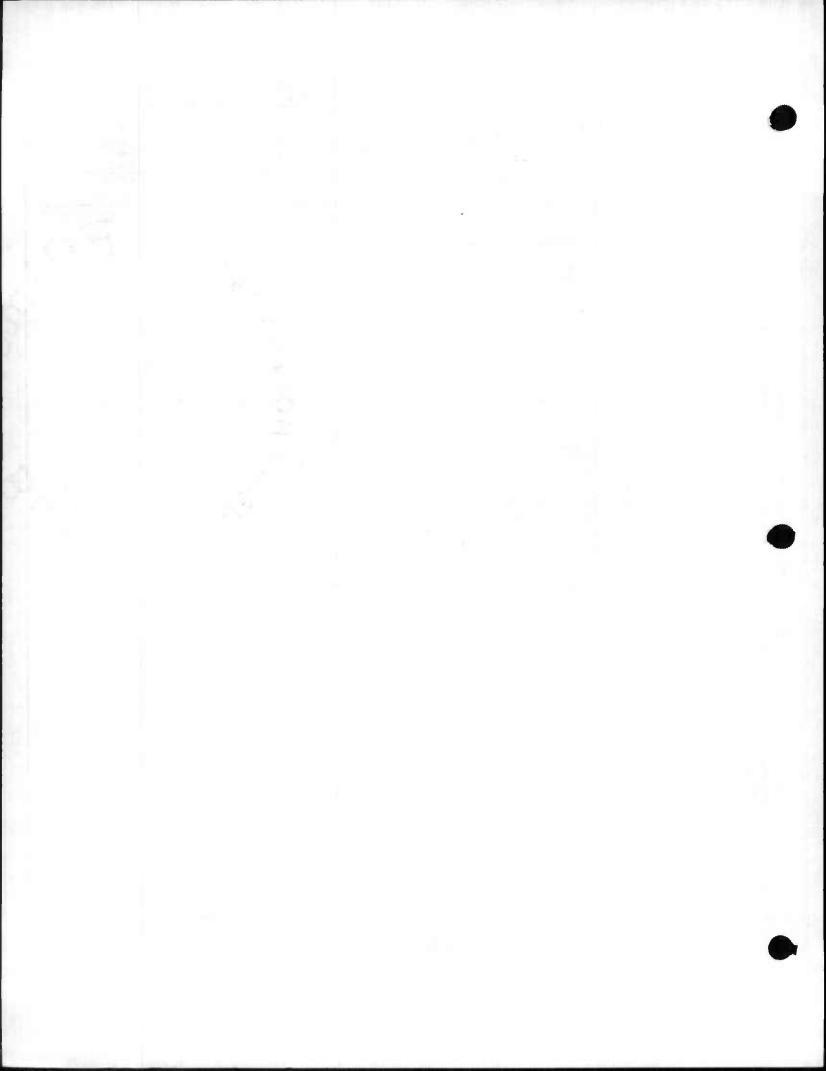
TO THE FUNERAL DIRECTOR: After the face secretives that the death certificate be executed within 24 hours after form that the face of the face has been signed by the attending physician and completely in removal.

TO THE FUNERAL DIRECTOR: After the face of the fa

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Hazel A. Henninge	R			_	4-22-1993 YEAR		M M
	6 BOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 8	BIRTHPLACE (State or Foreign
	178-05-1443 10 M 25	80	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 1-12-19	12 9	ennsylvania
	9e. FACILITY NAME (If not institution, give street and number)		96	CITY, TOWN	OR LOCATION OF DEA		9c. COUNT	
5	41 N. Kresson St.			Balt	imore			
5	RESIDENCE OF DECEDENT							
	33.00			OWN OR LOCA				10d. INSIDE CITY LIMITS?
5	Md			Balti				1 X YES 2 NO
	10e. STREET AND NUMBER			10	Of. ZIP CODE			N OF WHAT COUNTRY?
	41 N. Kresson St.				21224			1.S.A.
2	11. MARITAL STATUS 1	DENT EVER IN U.S. AR	IMED NO	13. WAS DE	CENDENT OF HISPANI pecify Cuben, Mexican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No-	I. RACE — American Indian, Black, White, etc.
5	3 Wildowed 4 Divorced IF YES, GIV	E WAR OR DATES		1 🗆 YE	\$ 2 NO Specify:			Specify: White'
1	15. OECEDENT'S EDUCATION	16a, DE	CEDENT'S USI	UAL OCCUPAT	ION	16b, KIND OF BU	SINESS/INDIES	
5	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 o	(G	ive kind of work Do NOT use re	done during m	nost of working			
	Some (i.e. o		Leif	Penso	o n	Can	Compa	en u
5	17. FATHER'S NAME (First, Middle, Lest)					IE (First, Middle, Maiden		
	Henry A. Henningen				Nell	ie Sheet	3	
3	19e. INFORMANT'S NAME (Type/Print)	19			end Number or Rural R	oute Number, City or Tow	n, Stete, Zip Co	
	Mrs. Catherin L. Bra							o. Md. 21236 y or Town, State
	20a. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremation 3 □ Removal from State	20b. PLACE	AND DATE OF D	SPOSITION /A	lame of	DATE 20c. LO	CATION - CIT	y or Town, State
ł	4 Donation 5 Other (Specify)	- Gara	ens 0	L'Fai	th Cem	4/26 Ba	Lto.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIGENSEE							
	23. PART I/Enter the diseases, or complications	_		Han	tley Mi	ller tun	enal	Home
	23. PART I Enter the diseases, or complications	that caused the de	eath. Do not	enter the m	ode of dving, such	as cerdled or resol	retory erres	t. Approximate
	snock, or heart failure. List only one	cause on each line	li.			•		Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	150110						Onset and Death
1	resulting in death) s. Due	TO (OR AS A CONSE	QUENCE OF:					11,51411
	<i>F</i>	hope lin	adon	11				illar
	Sequentially list conditions, If any, leading to immediate	TO OR AS A CONSE	DUENCE OF):	101	1/			gaces
	CAUSE (Disease or Injury	MI WI	th a	piral	throm be	W		1980=
	that initiated events	TO (OR AS A CONSE	DUENCE OF):					
	resulting in death) LAST							
	PART II. Other algnificant conditions contributing	to death but not r	regulting in t	he underlylr	ng cause given in F	Part I. 24s. WAS AN	Alimpey	24b. WERE AUTOPSY FINDINGS
					.g oddoo groon iii i	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	NO	OF DEATH?
						-		1 TYES 2 THO
	25. WAS CASE REFERRED TO MEDICAL			00.5	PLACE OF DEATH (Chec	t anti ac-1		
	EXAMINER? HOSPITAL			THER:				
		2 ER/Outpatient 3 OF INJURY	28b. TIME O		me 5 A Residence (29d. DESCRIBE HOW II	HILIBY OCCUR	250
	1 Natural 5 Pending (Mont	n, Day, Year)	INJURY	W	ORK? YES 2 NO	and begoning from it	NOON! OCCO!	
	2 Accident Investigation 3 Suicide & Could not be 26e. PLAC	E OF INJURY — At ho	me, ferm, stree			281, LOCATION (Street a	and Number or	Rural Boute Number
	4 Homicide determined build	ng, etc. (Specify)				City or Town, State)		, and the state of
. 15	29e. CERTIFIER	ad my knowledge de		A 45 - 45 4 - 4	4 1 1 1 1			
	1 P CEPTIEVING BUVEICIAN, To the bear	or my knowleage, as						
	(Check only CERTIFYING PHYSICIAN: To the bes		investigation. In					
	(Check only 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basis		investigation, in	n my opinion,				
	(Check only CERTIFYING PHYSICIAN: To the bes		investigation, is	n my opinion,	29c. LICENSE NUMI			IGNED (Month, Day, Year)
	(Check only 1 CERTIFFING PHYSICIAN: To the best of the	of examination end/or	7.		29c, LICENSE NUMI	34//	29d, DATE S	IGNED (Month, Dey, Year)
	(Check only 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basis	of examination end/or	7.		29c, LICENSE NUMI	34//	29d, DATE S	IGNED (Month, Dey, Year)
	(Check only 1 CERTIFFING PHYSICIAN: To the best only one) 2 MEDICAL EXAMINER: On the bests of MEDICAL EXAMINER: On the best of MEDICAL EXAMINER: On the best of MEDICAL EXAMINER: On the MEDICAL EXAMINER: ON the best of MEDICAL EXAM	Ause of Death (ITE)	7 . M 27) (Type, Prin 560/		29c, LICENSE NUMI		29d, DATE S	IGNED (Month, Dey, Year)
	(Check only 1 CERTIFYING PHYSICIAN: To the been one) 2 MEDICAL EXAMINER: On the been 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30, NAME AND ADDRESS OF PERSON WHO COMPLETED OF CO	of examination end/or	7 . M 27) (Type, Prin 560/		29c, LICENSE NUMI	34//	29d, DATE S	IGNED (Month, Dey, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BAL'	TO THE HOSPITAL OR ATTENDING HING CIAN: The law requires that the death certificate be executed within 24 nours after death	TO THE FUNERAL DIRECTOR: meeting carificate has been signed by the attending physician and completely filled in by the funer	be filed within 72 hours after person the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If item 28 immed or item 23 shows any injury or other traumatic event the medical even

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	9:	3 11704
	1. DECEDENT'S NAME (First, Middle, Las	ERLING R. HANS	ON		2. DATE OF DEATH MONTH DAY	Y YE	3. TIME OF DEATH 1:35 P. M
	4. SOCIAL SECURITY NUMBER 235-26-0591	5. SEX 6. AGE (II	n yrs. last birthday) YRS.	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS NOURS MIN.	. 7. DATE OF BIRTH (Month, Day, Year) Sept. 6, 1	0	West Virginia
TOR	Sa. FACILITY NAME (If not inatifution, give Knollwood Manor RESIDENCE OF DECEDENT	Nursing Cente		Millersville		Anne	Arundel
DIRECTOR		Anne Arundel		rown on Location llersville			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	550 Lanny Court			101. ZIP CODE 21108	9	10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 — YES 2 X NO Spe	Ican, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)			k done during most of working etired.)	16b, KIND OF BUSI		
OME	17. FATHER'S NAME (First, Middle, Last)		Mail C		US GO NAME (First, Middle, Maiden S	vernme	ent
BE C	James Crawford	Hanson			de Mae Deitz		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and Number or Run			(0)
F	Lois Hanson Whi	te	550 La	nny Court, Mil	llersville,	MD 21	.108
	20a. METHOD OF DISPOSITION 1	emoval from Stata came	etery, crematory or othe	pisposition (Name of place) morial Cem.		ntonvi	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	111.	ud	22. NAME AND ADDRESS OF ROBERT C. AI 6009 Harford	TENBURG FUN		
	23. PART 1. Enter the diseases, o ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	the deeth. Do not the line.	mu			Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b DUE TO (OR AS A C DUE TO (OR AS A C	CONSEQUENCE OF):	liners o	liseane	>	
AL CEI	PART II. Other algnificent conditi	one contributing to deeth bu	it not resulting in	the underlying ceuse given i	in Part I. 24s. WAS AN A	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDIC					PERFORM 1 YES 2 (AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)		
YSI	1 TYES 2 NO	1 Inpatient 2 I ER/Outpa		THER: Nursing Home 5 - Residence	8 Other (Specify)		
11.	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	286. TIME (Y 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF INJURY	— At home, farm, stre		26t. LOCATION (Street an City or Town, State)	nd Number or Ru	ural Route Number,
COMPLET		/SICIAN: To the best of my knowle					use(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIF		la m	29c. LICENSE N			INED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Typo, Pr	Colt	nd		
	APR 23 1993	Julia Davidson fan	TURE_	0			



FUNERAL (IMPORTANT: If

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MIRZA NUSAIREE,

TO. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Dandson Signature

M.D./795 AQUAHART ROAD/GLEN BURNIE, MD

e detached for use as the burial-man permy ages 1, 2, 3 should	
ompletely filled in by the funeral director, page 5 should by I, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD SANDRA JACKSON 04 93 10:50 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State of Foo DAYS 10 13 1 | M 2 | F 219-40-8764 49 43 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10h COUNTY IDC. CITY TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 110 GOVERNORS COURT-APT:C. 21061 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 HOUSEWIFE HOMEMAKER 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname LAWRENCE MORGAN EDNA R. MINNICK BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code; 0 1620 PATAPSCO STREET-BALTIMORE, MD. 21230 LEONARD A. MORGAN 20a. METHOD OF DISPOSITION
1 ☐ Burlel 2 P. Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State METRO CREMATORY, INC. 4/24 4 ☐ Donation 5 ☐ Other (Specify) CATONSVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD. 23. PART I. Enter the dispases, or complications shock, or hear failure. List only one that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, cause on each line. Approximata IMMEDIATE CAUSE (FIRE Onset and Death disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: N/A 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 | YES 2 | NO 1 Impatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Naturet 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, tactory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 🗌 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2

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TO THE HOSPITAL TO THE FUNERAL OF THE FUNERAL OF THE MADERIAN TO THE TOTAL OF THE PROPERTY. If III

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PHYSICIAN:

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MED CENTRE;

32 REGISTRAPIS SIGNATURE

FRANCIS SCOTT KEY

APR 23 1003

31. DATE FILED (Month, Day, Year)

director, the funeral filled in by 0 cremation. and completely prior to burial. physician Hygiene the atten signed by the been : has be Dept. 23 HOSPITAL DR ATTENDING PHYSICIAN: The law certificate h the this c After ti

93 11706 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR ANNA APRIL 20 1993 **JENNINGS** 4:07 A.M. W 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 - M 2XXF 212-05-9600 Dec. 27, 1904 Maryland 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2845 Pelham Ave. 21213 S. U. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) n/a Sales Clerk n/a Drug Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Michael Jennings Catherine Dorsev BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Fr. Michael Orchik 2854 Brendan Ave., Baltimore, Md. 21213 20e METHOD OF DISPOSITION
143 Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State New Cathedral Cemetery 4/24 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, Approximate shock, or heart feilure. Liet only one ceuse on each line. Interval Betw **IMMEDIATE CAUSE (Final** Onset and Death disease or condition SEP515 72 hrs resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 72 hrs GANG RENE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART it. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a, WAS AN AUTOPSY 1 YES 2 NO BREMST CANCER 1 YES 2 10 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
12 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ne 5 🗆 Residence e 🗆 Other (Specify) 4 Number He 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER (Chack ank)

CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 🗌 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occursed at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) N CHANDRA. MD.

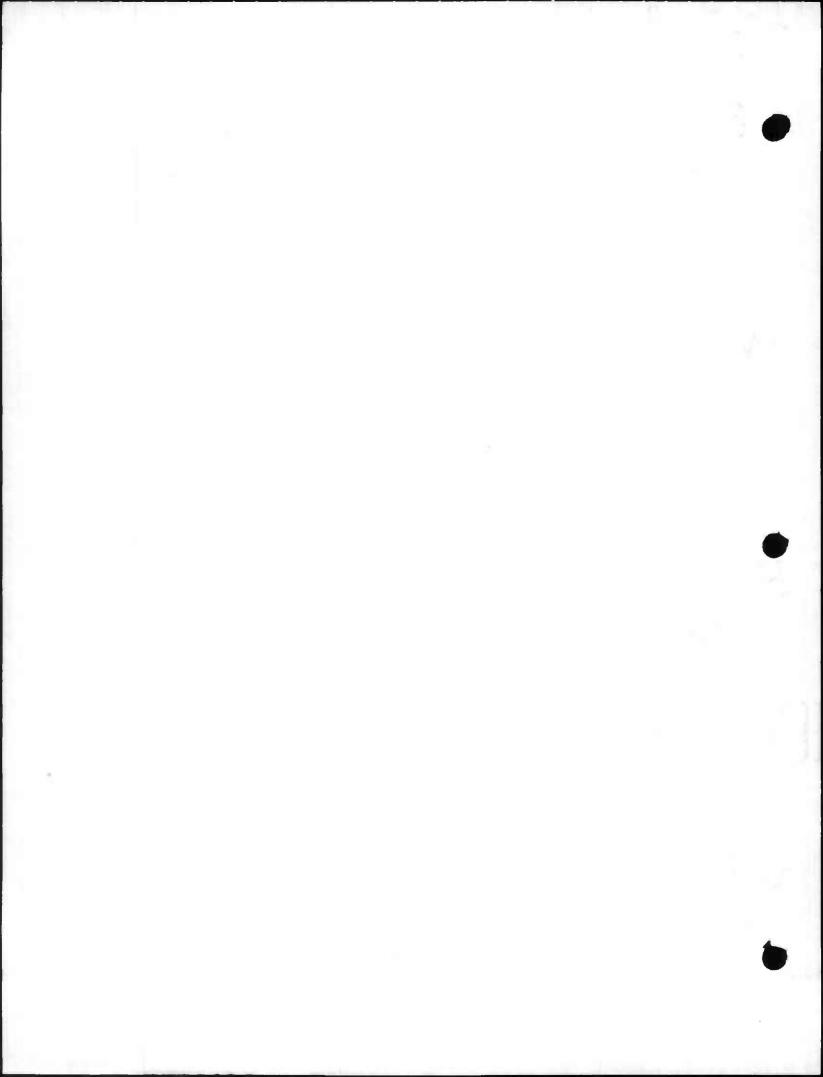
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4/20/93



examiner must be notified at once.	"IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospi
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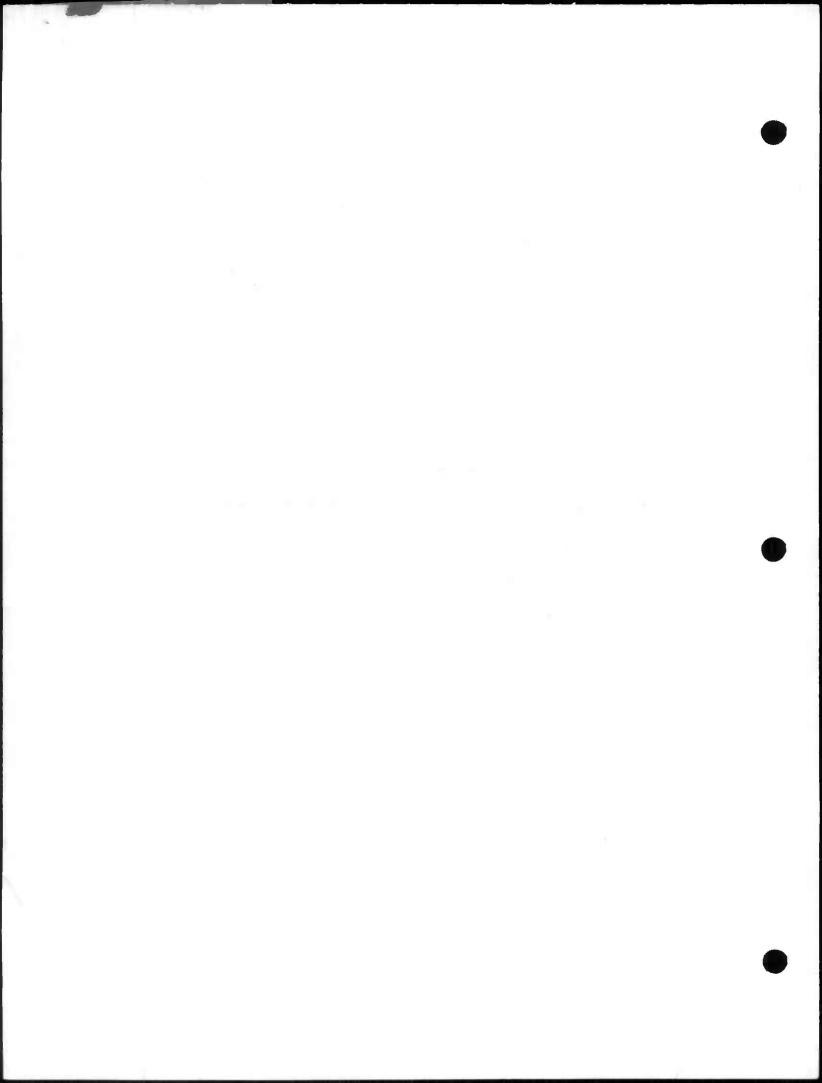
EGISTRAR CERTIFICATE OF DEATH REG. NO.	OR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	NTAL HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.	93 1707			
	1. DECEDENT'S HAME (First, Middle, Last).	Vankowiak		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY HUMBER 218-10-5142		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 - 12 - 17	8. BIRTHPLACE (State or Foreign Country) BALTIN. MD.			
OR	98. FACILITY NAME (If not institution, give st. MERIDIAN	CROMWELL NUR.	BALTIM OF	ATH 9c. CC	BACTO.CO.			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARY AND BAY	TIMORE CO 10c. CITY, T	OWN OR LOCATION		10d. IHSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL (100 STREET AND HUMBER	& ROAD	101. ZÍP CODE 2/23		HIZEH OF WHAT COUNTRY?			
BY FUN	11. MARÍTAL STATUS 1 Hever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 WAN ON DATES	13. WAS DECENDENT OF HISPAH If yes, specify Cuben, Maxical 1 YES 2 NO Specify	n, Puerto Rican, atc.)	Specify:			
COMPLETED E	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATIOH (Give kind of work life. Do NOT use re	done during most of working	18b, KIHD OF BUSINESS/	1			
MPL	17. FATHER'S NAME (First, Middle, Last)	- BALTU	- CITY	ME (First, Middle, Melden Sumeme				
BE CO	TACOB G. 19a. INEORMANT'S HAME (Type/Print)	JANKOWIAK	DRESS (Street and Number or Rural F	24 SZYM	ASZEK			
2	FAMILY RE	ECORDS SAY	NE AS	ABOVE	Zip Code)			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Oonation 5 Other (Specify)	oval from Stata 20b. PLACE OF DISPOSITION Of the place o	ON (Name of cemetery, crematory or	20c. LOCATION	— City or Town, Stata			
	21. SIGHATURE OF FUHERAL SERVICE LIC	f- gannosis	22. NAME AND ADDRESS OF FAI	FUNERAL	CHAREL ED.			
	23. BART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	Emplications that caused the death. Do not List only one pause on each line.			arreat, Approximata interval Between Onset end Death			
	disease or condition resulting in death) a. Chronic obstruction Fung disease Due to (or as a consequence of):							
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS A CONSCOURING OF):	ma					
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	OUE TO (OR AS A CONSEQUENCE OF):						
ËRT	resulting in death) LAST	d						
A	PART ii. Other eignificent condition	SY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?						
PHYSICIAN: MEDIC				-	1 TYES 2 HO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 0	26. PLACE OF DEATH (Ch	eck only one)				
14SI	1 YES 2 HO 27. MANNER OF DEATH		☐ Hursing Home 8 ☐ Realdence	8 Other (Specify)	OCCUPED			
BY P	1 Natural 5 Pending	(Month, Day, Year) INJUR	WORK? M 1 YES 2 NO	Ed. DESCRIBE HOW WROTH	DOUNED			
8	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIHER: On the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.							
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIES		29c. LICENSE NUI	MBER 29d. 1	DATE SIGNED (Month, Day, Year)			
10 B	Manual C 30. NAME AND ADDRESS OF PERSON WH	1 -000	1 1210	22	4-21-93			
	31. DATE FILED (Month, Day, Voar)	V C. KOWALEN	15K1 8600	1 HARFOR	D RD			
	APR 2. 3 1993	12 REGISTRATI SIGNATURE						

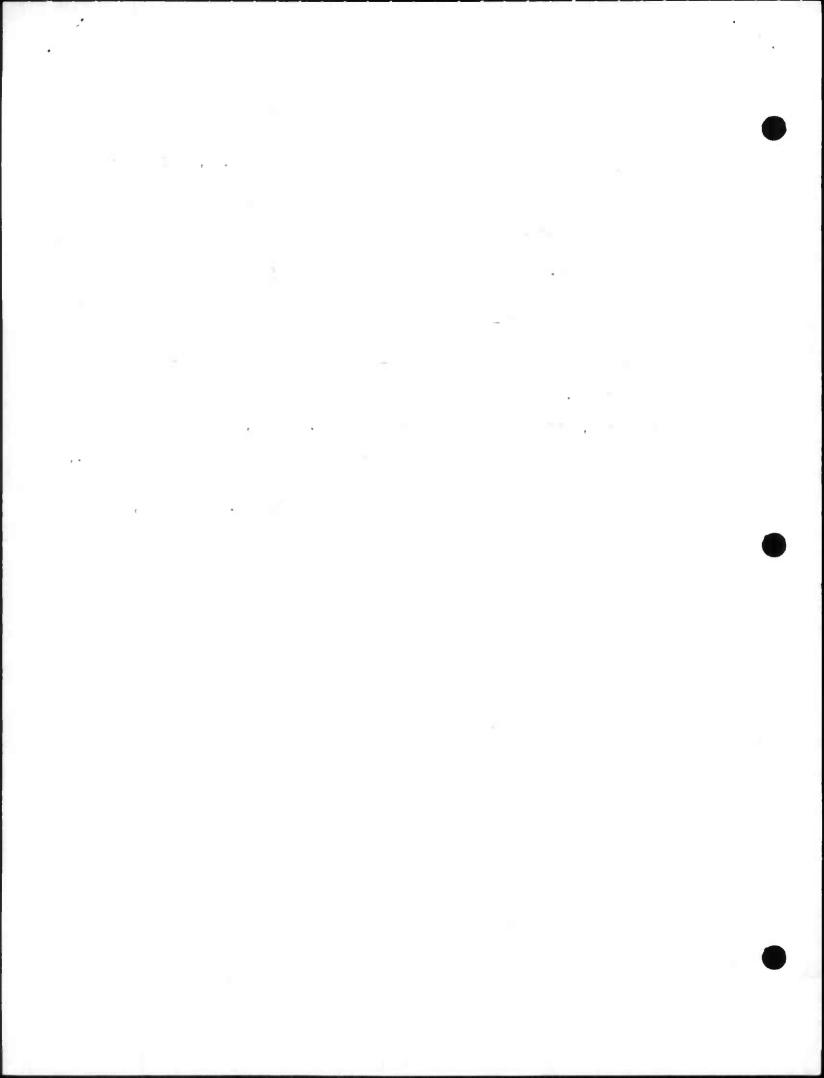
FOR STATE REGISTRAR state of maryland / department of health and mental hygiene $9\,3$ 1 CERTIFICATE OF DEATH REG. NO -93AR 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 4-13 3. TIME OF DEATH 5:45 PH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH MONTHS DAYS HOURS 1 🖳 M 2 🗌 F 77 YRS. 10 3653 80 N . C 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore Pages 1, 2 RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland NA Baltimore 1 X YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? funeral director, page 5 should be detached for use as the burial-transit 2449 Shirley Avenue U.S.A 21215 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black. White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 TO NO BY Specific 3 📈 Widowed 4 🗌 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INQUISTRY during most of working Elementary/Secondary (0-12) College (1-4 or 5+) Construction once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Te BE Unknown Unknown notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Hazel Thomas 858 Hilman Ct. Balto., Md. 21202 99 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must Other (\$0000) in State cometery, cremaray or otherplace n Cemetery Lansdown, 21. SIGNATURE OF PUNERAL SERVICE LICENSEE RODAY'S Wade, Dir medical examiner 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 4/19/93 655W.BaltimoreSt,Balto,MD 21201 signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burlal, cremation, or removal. 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition nyocardh event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A C SEQUENCE OF 2 PINE traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate 3) respirator cause. Enter UNDERLYING CAUSE (Disease or Injury other OUE TO (OR AS A CONSEQUENCE O that initieted events resulting in death) LAST 0 injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? **AMILABLE PRIOR TO** item 23 shows any COMPLETION OF CAUSE OF DEATH? 1 YES 2 WHO 1 | YES 2 | NO been 6 has be Dept. (PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO me 5 - Residence 6 - Other (Specify) 10 the 27. MANNEB OF DEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28b. TIME OF 28c. INJURY AT WORK? this c 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, 1 Natural 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, factory, office 3 Suicide 28I. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED Could not be DIRECTOR: / 4 Homicide Hem 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE SIGNED (Month, Day, Year) 로 로 로 -13-23 ANNS 720 9 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prin

32. REGISTRAR'S SIGNATURE

mag



		REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.		
	18	1. DECEDENT'S NAME (First, Middle, Last)		NAPP		2. DATE OF DEATH MONTH DAT	- 1993	3. TIME OF DEATH 2
9		4. SOCIAL SECURITY NUMBER 215-28-4638		(In yrs. lest birthdey) IF (NOTER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN.	7. DATE OF BIRTH	931. In BIR	THPLACE (State or Foreign
, 2, 3 should	TOR	ParFACILITY NAME (If not institution, give	street and number) Hosp	• ()	GITY, TOWN OR LOCATION OF	Grace Hd	Sc. COUNTY OF	r-ford
N	DIRECTOR	10a. STATE 10b. COUNT	ford	10c. CITY, TO	мноя <u>гос</u> хтіон			10d, INSIDE CITY LIMITS? 1 YES 2 NO
n. 1	FUNERAL	104 Chell Rd.	114		10f. ZIP CODE 21085		10g. CITIZEN OF	WHAT COUNTRY? USA
215-0020 attending physician. \ ise as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 XYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mex 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	Bio	CE — American Indian, ack, White, etc. ecity: White
	9	15. DECEDENT'S ED! (Specify only highest grad	JCATION	16a. DECEDENT'S USU.	AL OCCUPATION fone during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
D 2.	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Owner-0	red.)	Antique	-Collec	table Shop
# E E	BE COI	17. FATHER'S NAME (First, Middle, Lest) John A. I	(napp		Els			
. 2 8 0	5	Doris Knapp, Wif	e .	196. MAILING ADD	RESS (Street and Number or Humbel Rd. Jop	pa, MD 2108	State, Zip Code)	
e 6 may ector, pa		20a. METHOD OF DISPOSITION P Burlai 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State cen	Sycredy Hea	POSITION (Name of	4/23/93	Eation — City or Baltimo:	Town, State re Co., MD
AL. death. funer		21. SIGNATURE OF FUNERAL SERVICE L	Sunda	reke	22. NAME AND ADDRESS OF Bruzdzinski 1407 Eastern	Funeral Home		WD 03 003
postou, and the modern of the		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ech line.	nter the mode of dying, so	uch as cardiac or respir	atory arrest,	Approximate Interval Between Onset and Deat
ath certificate be tending physician al Hygiene prior be or other traur	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. luel St	A CONSEQUENCE OF):	xinjan d	yeare		Cool
L RECORDS, law requires that the dea so been signed by the atl lept. of Health and Mentz 23 shows any Injury.	MEDICAL	PART II. Other significant condition	ns contributing to death t	out not resulting in th	e underlying cause given	In Part I. 24s. WAS AN A PERFORM	MED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
V: The law ricate has be State Dept.	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH	Check only one)		
SICIAN: The certificate the State i, or Item	S	1 TES 2 THO	HOSPITAL:		HER: Nursing Home 5 - Residence	e 6 ☐ Other (Specify)		
P. P. C.	ву РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEȘCRIBE HOW IN	JURY OCCURED	
TTENDI TTENDI TTOR: A after d	8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, street city)	factory, office	261. LOCATION (Street ar City or Town, State)	nd Number or Rure	I Route Number,
A PA PA	COMPLET				the time, date and place, and d my opinion, death occured at t			n(s) and manner as stated.
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: II	E C	296. SIGNATURE AND THILE OF CERTIFIE			29c. LICENSE N		29d. DATE SIGNE	
TO THE HOSPI TO THE FUNEF be filed within	TO BE	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) /Time Date	1)31	7/2	· 4/2	2/93
		C. EUK JU 2 31. DATE FILED (Month, Day, Year)	19 W.BE	LAICK A	UF. ACOE.	1205001	Me	2-1001
		ST. DATE PILED (MONTH, Day, 1987)	92. REGISTRAR'S SIGN	ATURE				



BALTIMORE, MARYLAND 21

after death. Page 6 may be retained by the hospital

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After 1 death

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2	DHYCICIAN.
DIVISION OF VILAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING DAYSICIAN. The law requires that the death certificate he executed within 32 hours
-	DB
_	SPITAL

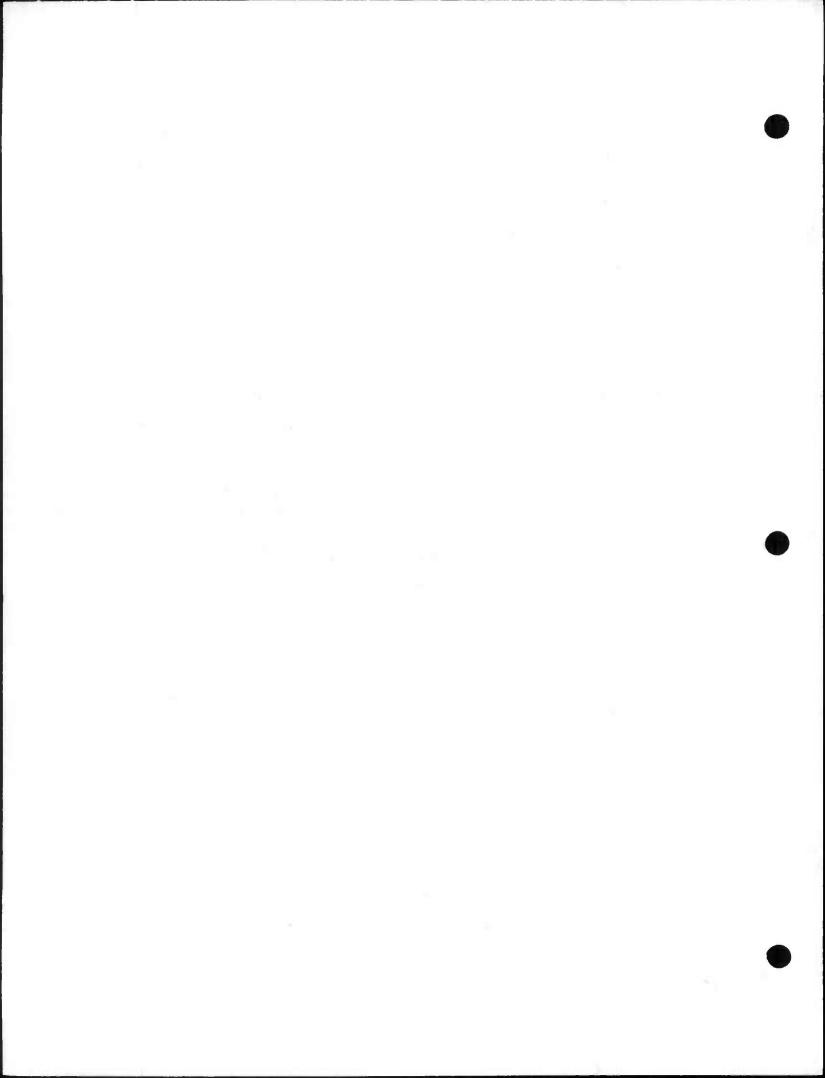
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Pages 1, 2, 3 should

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH RITA KIMMELMAN APRIL 19,1993 YEAR 10:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 183-16-3190 92 1 M 2 4F DAYS HOURS JANUARY 15,1901 RUSSIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR 3819 BUCKINGHAM ROAD BALTIMORE BALTIMORE 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3819 BUCKINGHAM ROAD 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuben, Maxican, Pu 1 TES 2 NO Specify: В IF YES, GIVE WAR OR DATES WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) dary (0-12) Elementary/Seco College (1-4 or 5+) DRESS MAKER CLOTHING 17. FATHER'S NAME (First, Middle Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) NACHMAN MARDER MOLLIE SIEGEL F BE notifled 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 6 MRS MIRIAM RIEGER 3819 BUCKINGHAM ROAD BALTIMORE, MD 21207 90 20e, METHOD OF DISPOSITION
1 🔀 Buriel 2 🗆 Cremetion 3 🛱 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must MT SHARON ther place) 4 Donation 5 Other (Specify) 4-20-93 SPRINGFIELD, PA. examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY allensu SOL LEVINSON BROS., INC. 0 Leve 6010 REISTERSTOWN ROAD BALTIMORE MD 21215 medicai 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haert failure. List only one ceuse on each line interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition Acute mJ / Cardeac arest MINULES resulting in death) event. ASCVD Your traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other 1 OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 any injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS Dementic Alzhermers type AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 - YES 2 - NO Shows Vial Syndrome 1 TYES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? State D. State D. 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA e 5 Tesidence 8 - Other (Specify) 0 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investige М 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A hours after of item 28 is 69 COMPLETED 8 Could not be 4 Nomicide 29e. CERTIFIER 1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) molum 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Stantora 363501dCourt 11 bulb.11 MACINON M.D. 31. DATE FILED (Month, Day, Year, 32. REGISTRAR'S SIGNATURE Lie Lividson-A MAY

OHMH-18 Rev 1/89

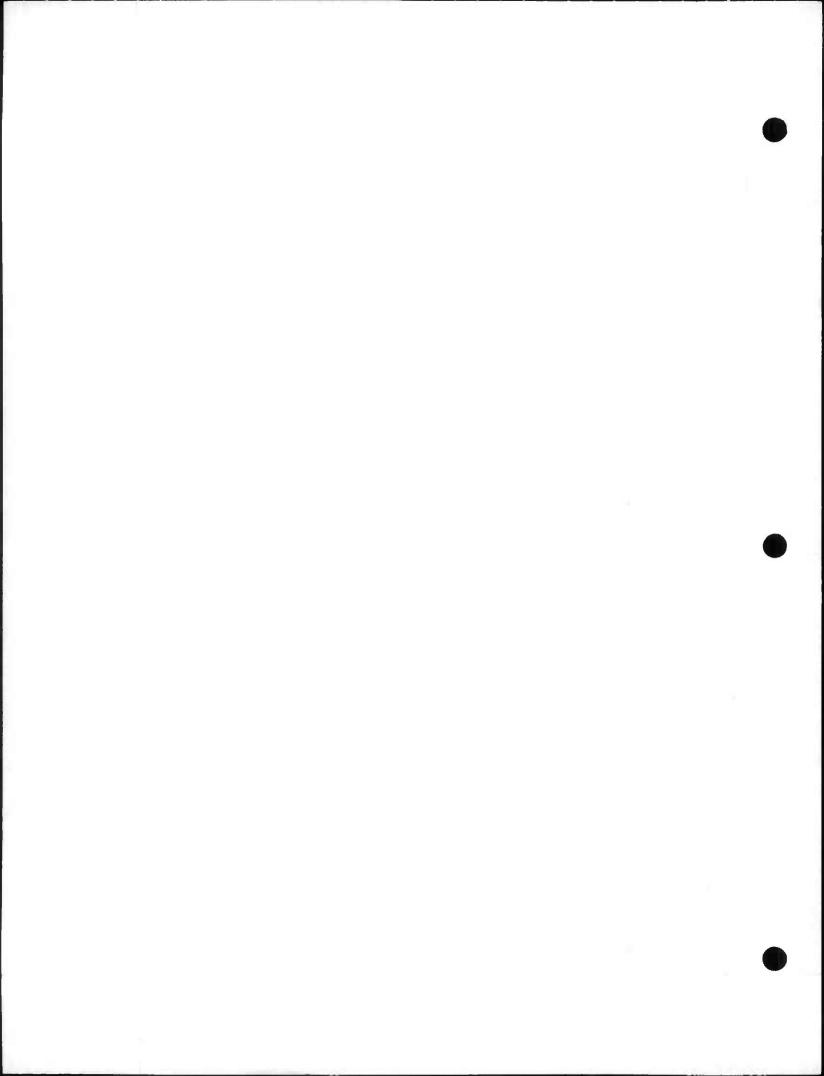


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

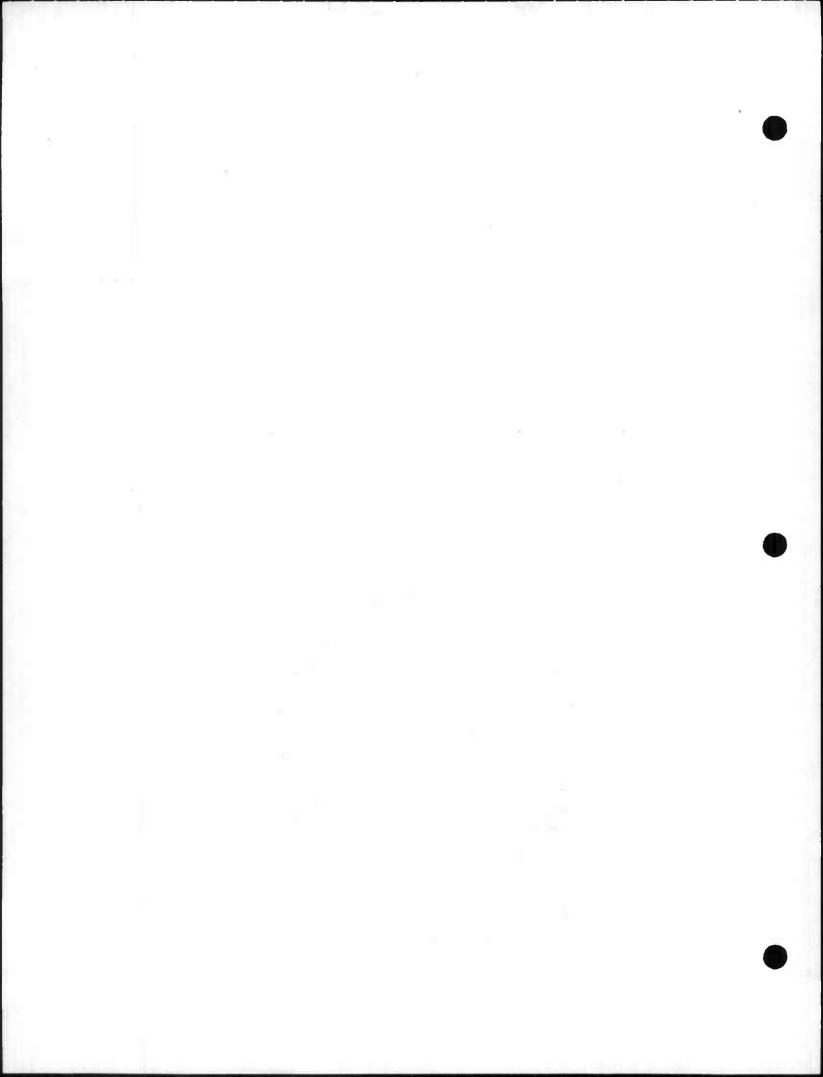
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR									
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH 3. TIME OF DEATH				
	OLGA C. KECK-SMITH					MONTH	S .		AR .	:05 (A) w
	4. SOCIAL SECURITY NUMBER									NCE (State or Foreign
- 9	212-28-2977	1 □ M 2 X/F 93	YRS. MOI	THS DAYS	HOURS MIN.		, Day, Year) H 17.1		Country)	
9	Se. FACILITY NAME (If not institution, give str		96	CITY, TOWN O	R LOCATION OF DI		11 1/91	9c. COUNTY		IMORE
E I	HOWARD COUNTY_GEI	NERAL HOSPIT	AT.	COLUM	RT A	,				
DIRECTOR	RESIDENCE OF DECEDENT							HUV	IARD	
2	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10-	d. INSIDE CITY LIMITS?
		TIMORE _		BA	LTIMORE-				1 (YES 2 NO
₹	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
FUNERAL	_5128_WESTLAND BOT		61-		- 21227				S.A.	
3	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes Hoan, etc.)	or No- 14.	RACE - Black, W	American Indian, hite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		2 NO Specif				Specify:	WHITE
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USU	AL OCCUPATIO	N.	166	KIND OF BUILD	I INESS/INDUS	rev	***************************************
E	(Specify only highest grade of Elementary/Secondary (8-12)	Completed) College (1-4 or 5 +)	(Give kind of work life. Do NOT use rel	done during mos		1	1010 01 000			
립	8th GRADE	55/10g5 (1-7 5/ 5 7)	SALES				MONT	GOMERY	WAF	NDS .
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, A	fiddle, Maiden	Sumame)		
BEC	ADOLPH ROTHE				LOUISE	ROHI	N			
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street e	nd Number or Rural			n, State, Zip Co	de)	
۴	ALBERT E. KECK		2218 S	OUTHLA	ND ROAD-	-WOOD	LAWN.	MD. 21	207	
	20a. METHOD OF DISPOSITION 1 [X Burlal 2 Gremation 3 Remo	val from State	PLACE AND DATE OF D	SPOSITION (Na	_		DATE 20c. LOCATION — City or Town, State			
	4 Donation 5 Other (Specify)	<u>W</u> (DODLAWN CE	METERY		4/23	BAL	TIMORE		
	21. SIGNATURE OF FUNEBAL SERVICE LICI	INSEE /	.00		D ADDRESS OF FA		OME T	NG		
	1010,00	X	H		RD FUNER WILKENS				M	01000
	23. PART I. Enter the diseases, or co	emplications that caused	the death. Do not	enter the mo	de of dying, suc	h as card	liac or respin	ratory arrest	·	Approximate
	shock, or heart failure. L	ist only one cause on e	ich iina.							interval Between Onset and Death
	disease or condition CEREBRA-VASCULAT Accident									
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF):								
Z	disease or condition resulting in death) a. CEREBRO-VAScular Accident DUE TO (OR AS A CONSEQUENCE OF): Abrial Hallolian Sequentially list conditions.									
Ĕ	If any, leading to immediate									
2	CAUSE (Disease or injury	Ren	CONSEQUENCE OF:	ura.						
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION										
AL	PART ii. Other aignificant conditions	contributing to death b	ut not resulting in ti	ne underlying	cause given in	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
8							1 TES 2		CO	MPLETION OF CAUSE DEATH?
¥.										YES 2 PNO
ž										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001741			ACE OF DEATH (Ch	eck only on	9)			
Sic	1 TYES 2 NO	HOSPITAL: 11/2 Inpetient 2 - ER/Outp		HER: Nursing Hom	5 - Residence	6 🗆 Other	(Specify)			
H	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT	28d. DE\$	CRIBE HOW IN	LJURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 4	2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree ify)	t, factory, office			ATION (Street e	nd Number or I	Rural Route	Number,
E		-		_						
COMPLETED		CIAN: To the beat of my knowl								
Š	2 MEDICAL EXAMINER	: On the basis of sxamination	snd/or investigation, in	my opinion, d	eath occured at the	time, dats	and place, en	d due to the co	ruse(s) an	d menner as atated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	(N/E / /	Ander)		29c. LICENSE NUI	MBER				onth, Day, Year)
TO B	14 Velice	- CVLLL	1		N. 3	046	7	D	4-2	21-493
F	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	11 7 14	14-	`	1	S 7		
1				14600	44	. 1	140-	2104	2	
	31. DATE FILED (Month Day Month	12 AEGISTRAR'S SIGN	ATURE		A.					
[APR 23 1993	Markon Mark	Spirit -							





	1 - FOR STATE OF MARY REGISTRAR		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH
	Montals A. KREIDER			MONTH DAY	93 7:51 A. M
1		(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	B BISTHON ACE (Claim or Forming
	212-50-6628 10 M2 EVF	77 YRS. MO	HITHS DAYS HOURS MIN.	(Month, Day, Year) Aug. 29,191	.5 Maryland
	9s. FACILITY NAME (If not institution, give street and number)	• •	D. CITY, TOWN OR LOCATION OF D		COUNTY OF DEATH
DIRECTOR	Fallston General Ho	spita	Fallston	EATH	Harford
l D	PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c, CITY, T	OWN OR LOCATION		10d, INSIDE CITY
1 8	Maryland Harford	100			LIMITS?
	10e, STREET AND NUMBER		Joppa 10f, ZIP CODE	1.00	1 VES 2 NO
BY FUNERAL	531 Joppa Farm Road				g. CITIZEN OF WHAT COUNTRY?
뿔			210		U.S.A.
5	1 Never Married 2 Married FORCES? 1 YE	2)(NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic		14. RACE - American Indian, Black, White, etc.
≥	3 💢 Widowed 4 🗌 Divorced IF YES, GIVE WAR OR	DATES	1 TES 2 NO Speci		Specify: White
	15. DECEDENT'S EDUCATION	44- 05050505050			
12	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSINES	SS/INDUSTRY
٦	Elementary/Secondary (0-12)				
± ₹		Homema			Home
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S N.	AME (First, Middle, Maiden Surn	ame)
BE C	James Rowan		Mar	y Reynolds	
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town, Str	ate, Zip Code)
- 1	James E. Kreiner, Jr.	531 Joj	ppa Farm Road,	Joppa, MD 2	21085
	20a, METHOD OF DISPOSITION 1 M Burial 2 □ Cremation 3 □ Removal from State	b. PLACE AND DATE OF	DISPOSITION (Name of	DATE 20c. LOCATIO	ON — City or Town, State
	4 Donation 5 Other (Specify)	ardens of	Faith Cemetery	Balt	imore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/	22. NAME AND ADDRESS OF F	CILITY	
	DO T A MINIT			neral Homes,	
	beard whom		9705 Belair	Road, Baltim	ore, MD 21236
200	23. PART I. Enter the diseases, or complications that caus shock, or heart failure. List only one cause on	ed the desth. Do not	anter tha moda of dying, sue	ch as cardiac or respirato	
	IMMEDIATE CAUSE (Final	Principal Control	1		Interval Between Onset and Death
	disease or condition resulting in death)	polmona	y ares		
	DUE TO (OR AS	CONSEQUENCE OF):			
2 2	- Diak	Hen	1		
9	Sequentielly list conditions, if any, leading to immediate DuE TO (OR AS	A CONGEQUENCE OFT:			
N K	cause. Enter UNDERLYING	u chal			
E	CAUSE (Disease or Injury that initiated events Due 10 ion as	CONSEQUENCE OF:			
CERTIFICATION	resulting in death) LAST	ent co			
C		0111			
4	PART II. Other significant conditions contributing to death	but not resulting in t	he underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED	
MEDICA				1 TYES 2	COMPLETION OF CAUSE
			··		OF DEATH?
					1.0
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	neck only one)	
	EXAMINER? 1 YES 2 NO NO Inpetient 2 ER/Ou		THER:	71 - 51 - 21 - 1	
5 ×	27. MANNER OF DEATH 28e. DATE OF INJURY		Nursing Home 5 Residence		
	1 Netural 5 Pending (Month, Day, Year)	INJUR	WORK?	28d. DESCRIBE HOW INJUR	H OCCURED
	Accident Investigation		M 1 YES 2 NO		
	building, etc. (So	Y — At home, farm, stree ecity)	et, fectory, office	281. LOCATION (Street and A City or Town, State)	lumber or Rural Route Number,
T.	4 Homicide detarmined		12		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wiedge, death occurred a	t the time, data and place, and du	to the cause(a) and manner	as stated.
. E	one) MEDICAL EXAMINER: On the basis of axaminat				
	296. SIGNATURE AND TITLE OF CENTRIER				1
BE	(X-1)/Y	10	DO P 3	MBER 290	d. DATE SIGNED (Mibrith, Day, Year)
2	NO MANUE AND ADDRESS OF DESIGN	-CT/	1000		111-12
1-1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF D	EATH (ITEM 27) (Tape, Pri	m) / (1(200 C	MIN
	CINDA HARICLETT	10/0,0	unce Card	(Il Um	07/21013
	31. DATE FILED (Month, Day, Year) 32 REGISTRAS STO	NAT BOOK			
	APR 23 1993 . ^avidos	- Marines			



			VIRGINIA	4	MAE		KIN	G		
		4. SOCIAL SECURITY NUMBER	5. SEX		'In yrs. leat	, ,	IF UNDER	DAYS	IF UNDER	2
멸		203-30-8434	1 🗆 M 2 💢 F		79	YRS.		3000	110,000	L
3 should	Œ	9e. FACILITY NAME (If not institution, give a	200 P. U.M.	T 0.1					OR LOCATI	DI
2,	СТОВ	THE JOHNS HOPKI	N2 HO2511	AL.			RA	<u> </u>	10RE	_
020 physician. burial-transit permit. Pages	DIRE	10a. STATE 10b. COUNTY Maryland	r Baltimori	2		10c. CIT	Y, TOWN	OR LOCA	TION	
nsit perm	FUNERAL	100. STREET AND NUMBER 7347 Hughes Av	enue					-10	of. ZIP CODE	E
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician, the funeral director, page 5 should be detached for use as the burial-traval.	BY	11. MARITAL STATUS 1 Mever Married 2 Married 3 X Widowed 4 Divorced	12. WAS OECEOEN FORCES? 1 IF YES, GIVE W	YES	2 E N	MEO O		If yes, s	CENCENT Copecify Cube	
215 atten	뎶	15. OECEOENT'S EOU (Specify only highest grade	CATION completed)		16a. OEC	EOENT'S	USUAL O	CCUPAT	ION ost of workin	-
tal or ut for u	LET	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)	life.	Do NOT us	se retired.)			9
YLAND 2121 by the hospital or arti- be detached for use at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			- C	aset	eria	. wo		_
YLA by the be de		Daniel Miner							18. MOTI	
MARYLAN retained by the hos 5 should be detach notified at once.) BE	19s. INFORMANT'S NAME (Type/Print)			19b	MAILING	ADDRES	\$ (Street	and Number	
E, M by be ret page 5 s	5	Charles H. King			7	347	Hugh	es t	Avenu	e
ALTIMORE, death. Page 6 may be funeral director, page		20a. METHOD OF DISPOSITION 1 ← Burlel 2 □ Cremation 3 □ Ram	oval from Stata			NO OATE			ame of	100
ALTIMOR death. Page 6 ma e funeral director, p. II.		4 □ Donation 5 □ 9ther (Specify) 21. SIGNATURE OF FINIERAL SERVICE LIC	ENGEE	- H	olly	Hil	K Me	m	Gdns.	_
VLT eath. uneral		Hard	0	(7				a-Ruc	
BA rs after d removal.		23. PART I. Enter the diseases, or o	complications that		L the dea	th Do r	D' este	792	2 Wis	9
B o d E		ahock, or heart failure. IMMEDIATE CAUSE (Final	Liat only one ceu	se DR a	nch ilne.	ALII. DO I	,	the in		п
- 3 te	ľ	disease or condition resulting in death)	Adul	+ K	eso	ra	lory	12	stre	5
ted within completely ial, cremat			DUE TO	(OR AS A	CONSEQ	UENCE O	2: 1			_
, 8 ° ° E	ON	Sequentielly list conditions,	o Card		CONSEQ	VENCE OF	Dho	OC.		_
BOX ficate be ex physician a ne prior to	CERTIFICATION	if any, leading to immediate couse. Enter UNDERLYING	Acut	e .	Ent	crio	or 1	YT	ē	4
P.O. B(th certificate anding physic I Hyglene pri or other tr	E	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO	(OR AS A	CONSEO	UENCE OF	F):		0	
S, P.O. Fe death certificate attending phemial Hyglene lury, or other	Ä	resoluting in death) CAST	d. Seve	16	(01	en	any	a	Her	L
ORDS, that the deal the art the art the art the art the art and Menta any Injury,		PART II. Other algolificant condition	a contributing to	death b	ut not re	sulting	n the u	nderlyin	g cause g	ji
OR that inned by alth and is any in a	MEDICAL									
w requires that been signed to the signed to										_
1 8 2 2 2	AN	25. WAS CASE REFERRED TO MEDICAL						04.5	1 105 OF D	_
F VITA SICIAN: The certificate h I the State C	SICI	EXAMINER?	HOSPITAL:	ER/Outp	atient 3	DOA	OTHE	R:	ne 5 🗆 Re	_
OF VI PHYSICIAN: this certific with the S rked, or it	PHYSICIA	27. MANNER OF OEATH	28a. DATE OF (Month, Da	INJURY		28b. TIM		28c. IN.	JURY AT	-
ON OF DING PHYSI After this c death with	BY	Netural 5 Pending 2 Accident Investigation					М	1 🗆	YES 2)
TISIC TYTEND CTOR: A after d	ETED	3 Suicide 8 Could not be determined	28e. PLACE Of building,	F INJURY atc. (Spec	— At hon	ne, farm, s	treet, fact	lory, offic	ce	
	PLE	29a. CERTIFIER Check only	CIAN: To the best of	my knowl	edge, des	th occurre	ed at the t	lme, date	and place,	. 1
HOSPITAL	9	one)	R: On the beals of ax							
H H	Z.	296. SIGNATURE AND TITLE OF CERTIFIER		0	/us	V D:	_		29c. LICE	N
6 6 3 ₹	2	30. NAME AND ADDRESS OF PERSON WHO	Sohn	Y	IVU	U,PK	bD.		DHH	-
.		THE PARTY PRODUCTS OF PERSON WITH	O COMPLETED GRUS	77 00	MED IN COM	27) (Type,	rmn()	_		

32, REGISTRAR'S SIGNATURE

APR 23 1993

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH 3. TIME OF CEATH 04 19 1993 12:20 A 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 9-19-1913 MOER 24 HRS. Pennsylvania CATION OF OEATH 9c. COUNTY OF OEATH 10d. INSIDE CITY Edgemere 1 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? 21219 United States ENT OF HISPANIC ORIGIN? (Specify Yes or No— Cuben, Mexican, Puarlo Rican, atc.) 14. RACE — American Indian, Black, White, atc. Specify: White 16b. KINO OF BUSINESS/INOUSTRY Board of Education MOTHER'S NAME (First, Middle, Melden Surname) Mary Whoolery mber or Rural Route Number, City or Town, State, Zip Code) Edgemere, Maryland 20c. LOCATION - City or Town, State S. 4/2/2/93 DRESS OF FACILITY Middle River, MD uck Funeral Home of Dundalk, Inc. ise Avenue Dundalk MD dying, such as cardiec or respiratory arrest, Approximate Interval Between **Onset and Death** se given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO 1 TYES 2 THO OF DEATH (Check only one) Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED 2 🗌 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) place, and due to the cause(s) and manner as stated. occured at the fime, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) 93 18048

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	į
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Guy Fiscus,

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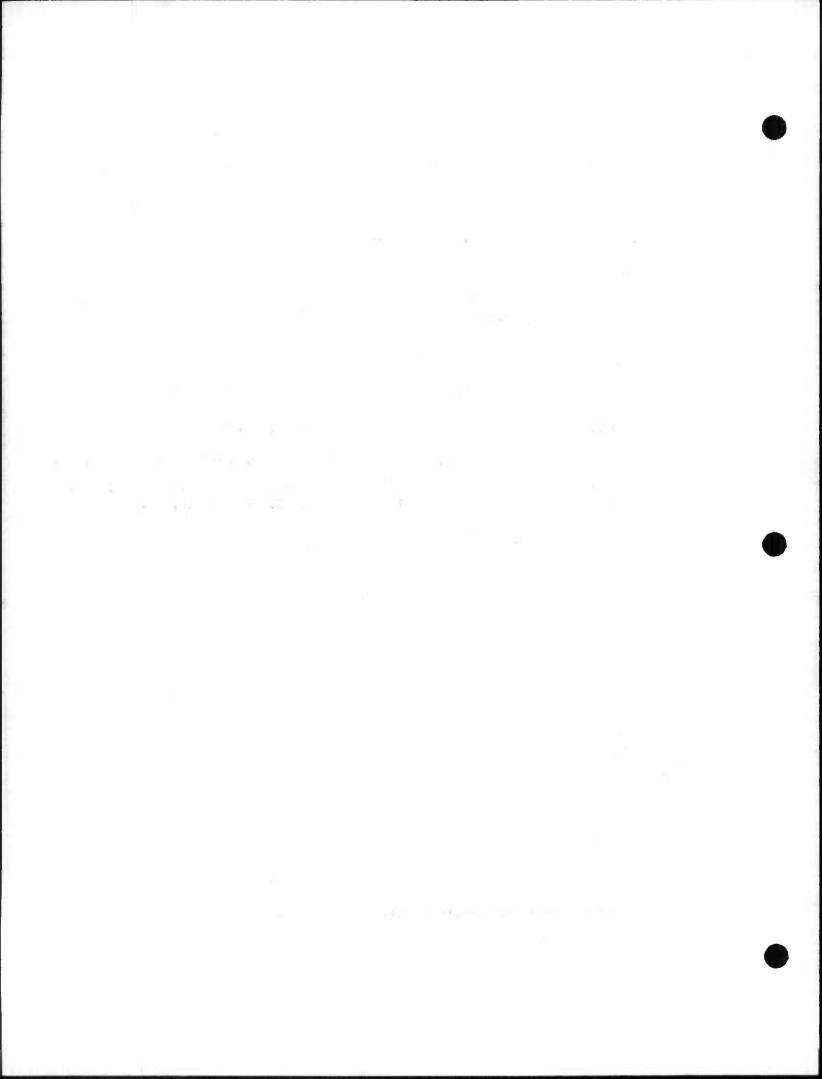
APR 23

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR EUGENE DAVID KNOTTS 1993 April 13. 1:40 AM 4. SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 12-24-42 IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 🖾 M 2 🗌 F 50 YRS. 185-34-0691 page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number, 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hospital Cumberland **Allegany** 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Somerset Co. Pa. RD-4 Meyersdale 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RD-4 15552 USA executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 - YES 2 1 NO Specify: BY Specify: White 3 Widowed 4 Divorced 1963-1965 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Stationary Engineer Hospital notified at once, 18. MOTHER'S NAME (First, Middle, Meiden Surname) Virginia Ruth Stemple 17. FATHER'S NAME (First, Middle, Last) Jacob Woodrow Knotts BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Tammy Knotts RD-4 Meyersdale, Pa. 15552 pe 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE director, must Fitter, Tebanon Cemetery 15-93 RD-1 Glencoe, Pa. Apr. examiner 22. NAME AND ADDRESS OF FACILITY
William Rowe Price Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE PA. 11249 filled in by the funeral Main St. Meyersdale, Pa. 15552 medicai 23. PART I. Enter the diseases, or complications that caused tha death. Do not enter tha mode of dying, such as cardiec or respiratory errest, Approximata shock, or heart fallura. List only one cause on each line. 0 interval Between IMMEDIATE CAUSE (Final Onset and Death and completely filler burial, cremation, the disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) Iraumatic CERTIFICATION DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Hygiene prior to has been signed by the attending physician : Dept. of Health and Mental Hygiene prior to I 23 shows any Injury, or other traum if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) this certificate h Hem OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing e 5 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO BY death DR ATTENDING 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: AI hours after de item 28 is 86 3 Suicide COMPLETED S Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. 1 🗆 FUNERAL within 72 h IMPORTANT: If MEDIOAL EXAMINER: On M bines of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER PHA DATE IS 29c. LICENSE NUMBER THE PAGE D 12779 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Memorial Hospital Medical Bldg., Cumberland, MD

32. RESISTRATE SIGNATURE



3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending ages	by filled is by the funeral director, page 5 should be detached for use as the botalon, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be mained by the hospital or amended to a manifest or amended to a manifest or	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bodies within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR

BE COMPLETED BY

2

must be notified at once,

examiner

the medical

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event,

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

5 5 5 5 F

1 Never Merried

3 Widowed 4 Divorced

17. FATHER'S NAME (First, Middle, Last)

☐ Donation 5 ☐ Other (Specify)

IMMEDIATE CAUSE (Finel

Sequentially list conditions, if any, leading to immediate

cause. Entar UNDERLYING CAUSE (Disease or Injury

that initiated events resulting in death) LAST

27. MANNER OF DEATH

Natural

2 Accident

3 Suicide

4 Homicide

disease or condition resulting in death)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

EDERICK

2 Merried

15. DECEDENT'S EDUCATION (Specify only highest grade complete

MSPHOD OF DISPOSITION
Surlel 2 Cremetion 3 Removal from State

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 W M 2 D F YRS VIN RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e STATE 2409 LA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 700 11. MARITAL STATUS

IF YES, GIVE WAR OR DATES

College (1-4 or 5 +)

WW

DAY 20 7. DATE OF BIRTH (Month, Day, Year)
3-3-190. 6. BIRTHPLACE (State or Foreign MARYLAND 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH

REG. NO.

2. DATE OF DEATH

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cubin, Mexicen, Puerto Rican, etc.)

1 □ YES 2 ▼ NO Specify:

10g. CITIZEN OF WHAT COUNTRY

16b. KIND OF BUSINESS/INDUSTRY 5 CHOOLS

18. MOTHER'S NAME (First, Middle, Maiden Sumemi CECILIA

19b. MAILING ADDRESS /Stre end Number or Aural Route Number, City or Town, State, Zip Code,

20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State

> 22. NAME AND ADDRESS OF FACILITY EVANS FUNERA FUNERAL ARYVILLE tractor.

inter the diseases, or complications that ceused the deeth. Do not entar the mode of dying, such as cerdiac or respiratory arrest, hock, or want failure idea only one cause on each line.

DAYS

HOURS

VILL

10f. ZIP CODE

21234

Mrocerebial

16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)

MAINTENIANCE

AS A CONSEQUENCE OF:

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

24a. WAS AN AUTOPS PERFORMED? 1 YES 2 70

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

Approximate interval Between Mary Death

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TES 3 NO

5 Pending

6 Could not be

HOSPITAL: 1 Inpetient 2 ER/Outpatient 3 DOA 28e. DATE OF INJURY (Month, Day, Year)

OTHER: ne 5 🗆 Residence 6 🗆 Other (Specify) 28b. TIME OF

26. PLACE OF DEATH (Check only one)

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

> 70 3

26e. PLACE OF INJURY — At home, ferm, streef, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 __ MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. SIGNATURE AND TITLE OF CERTIFIED 29c, LICENSE NUMBER

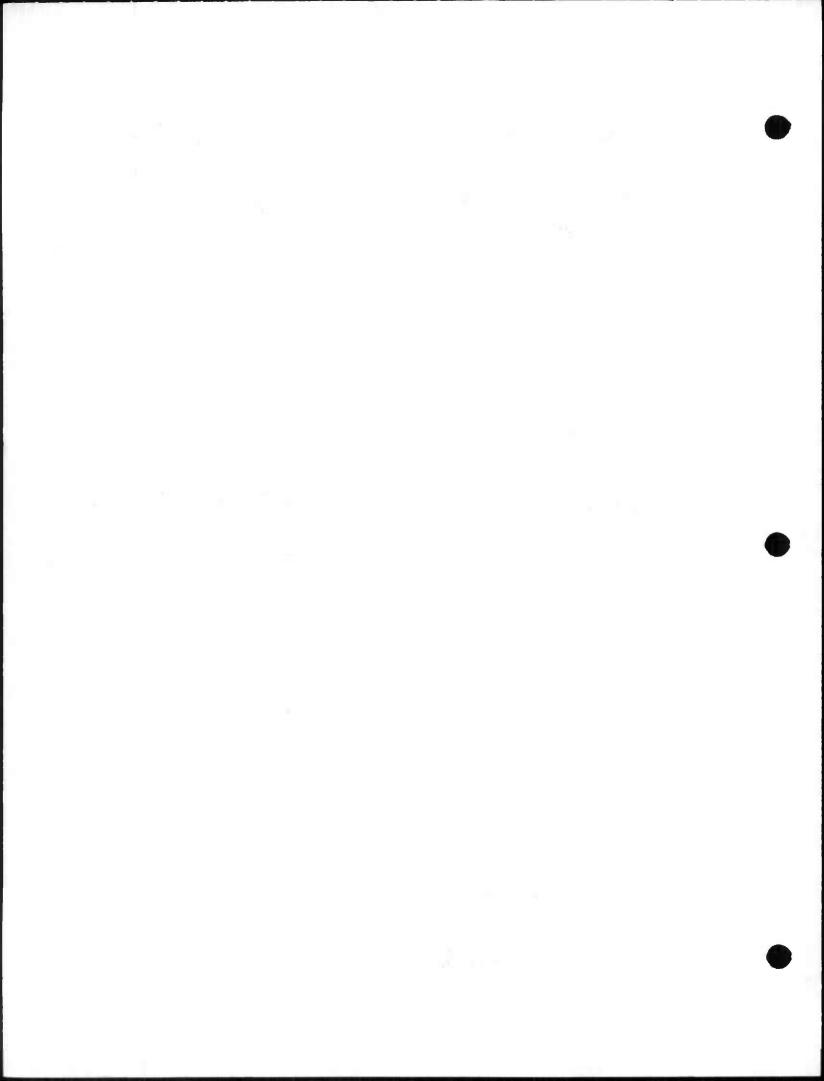
OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, 3 1993 2

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

3



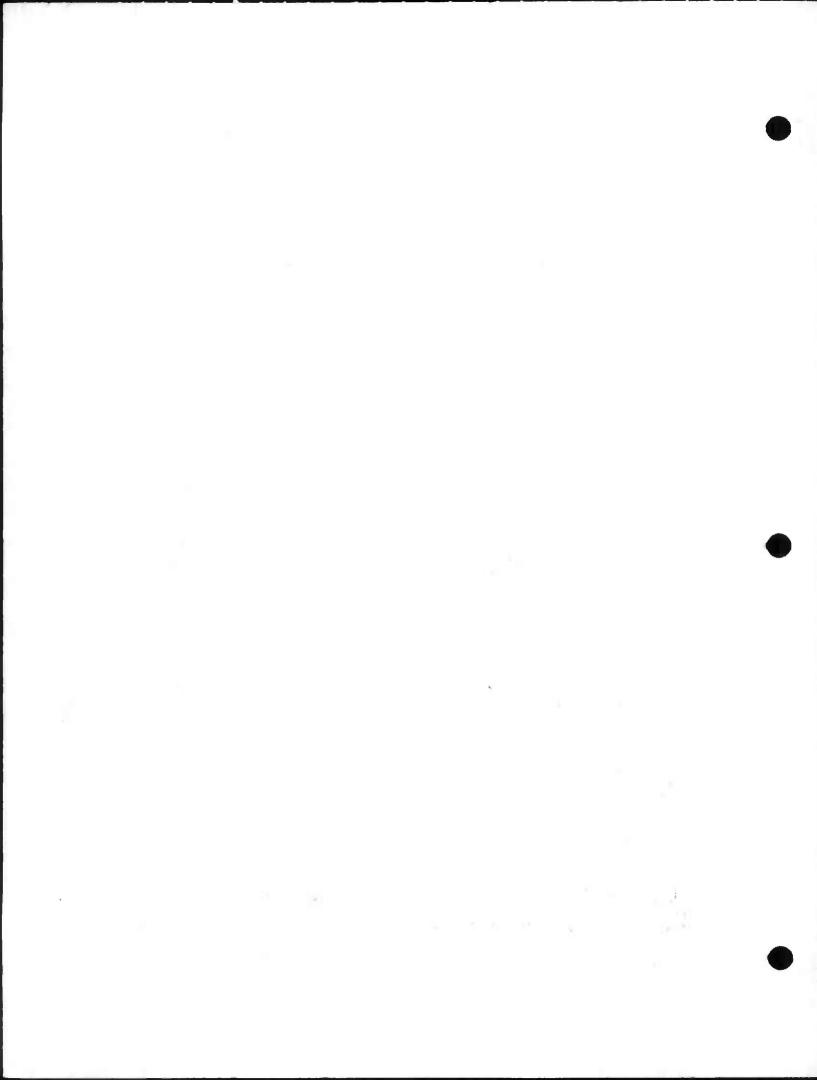
BALTIMORE, MARYLAND 21215-0020

ermit. Pages 1, 2, 3 should

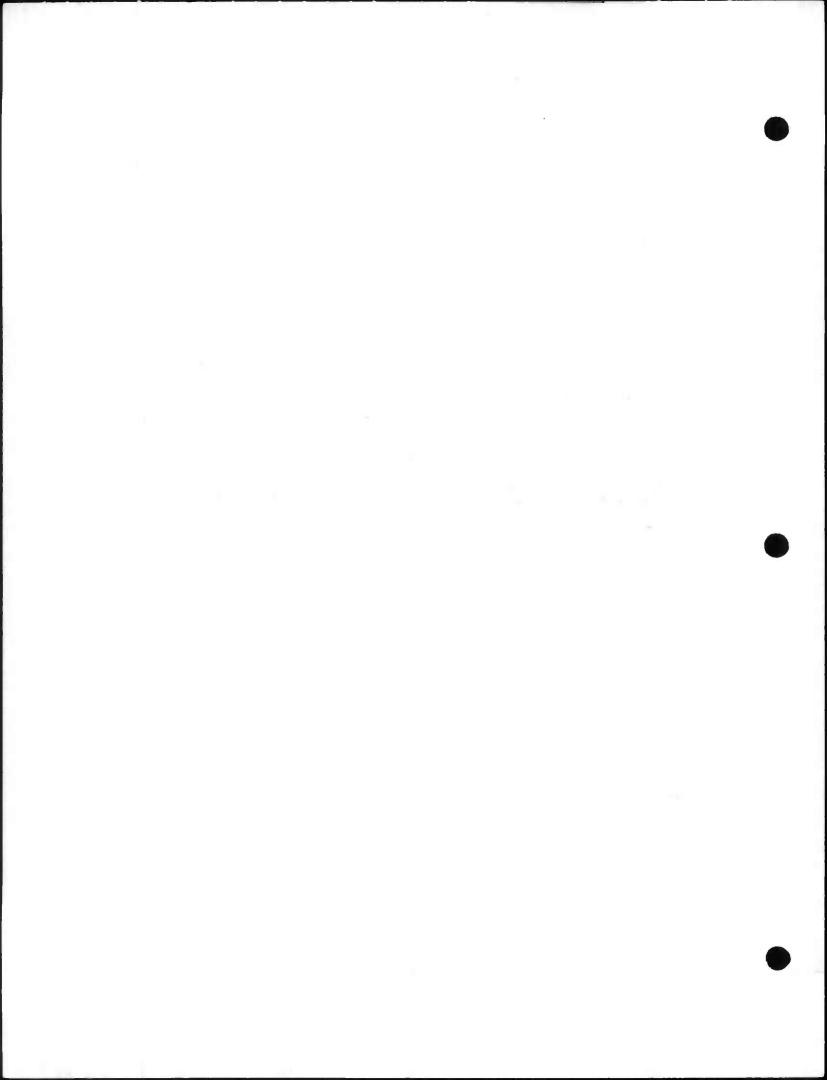
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	ENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.									
1	1. DECEDENT'S NAME (First, Middle, Last) SARÄ	POMERANTZ	F	KURTZ		2. DATE OF DEA	TH	3. TIME OF OEATH 11:05 P M		
	4. SOCIAL SECURITY NUMBER 219-22-0086	1 □ M 2 🔏 65	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIFT (Month, Day,) 3/10/	гн 1928	8. BIRTI Count MA	HPLACE (Stelle or Foreign	
OR	9a. FACILITY NAME (If not institution, give s SINAI HOSPITAL	street and number)		%. CITY, TOW BALTI	N OR LOCATION OF D MORE	DEATH	9c. COL	JNTY OF E	DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR LOC	CATION				10d. INSIDE CITY	
	MARYLAND 100. STREET AND NUMBER	BALTIMORE	BAI	TIMORE				1 YES 2 NO		
FUNERAL	6514 COPPERFIELD	RD.		İ	21209		ÜSA	IZEN OF	WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	U.S. ARMED 2 NO ATES	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 X NO Spec	an, Puerto Rican, e	Ify Yea or No—	r No.— 14. RACE — American Indian, Black, White, etc.		
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	18e. DECEDENT'S (Give kind of w iite. Do NOT us HOUSEW	vork done during e retired.)	TION most of working	AT HO	OME	DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) NATHAN POMER	ANTZ		 -	18. MOTHER'S N	AME (First, Middle, N	laiden Surpame) LEV	IN		
TO B	190. INFORMANT'S NAME (Type/Print) MR. STANLEY BAER	KURTZ			FIELD RD			p Code) 2120	9	
	20e METHOD OF OISPOSITION 1 House 2 Gremetion 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF STREET, Crematory or of FORBAND	ther place) 4/	Name of 18/93		C. LOCATION —			
	21. SIGNATURE OF FUNERAL SERVICE LI	Le vi		SOL	AND ADDRESS OF R LEVINSON REISTER	& BROS.	-	. M	D 21215	
	23. PART I. Enter the diseases, or enock, or heart fellure.	complications that caused List only one cause on a	tha death. Do n						Approximata Interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) By 0 Card (a) Fact and Death of the consequence of the consequ									
TION	Sequentielly list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
A	PART II. Other significent condition	s contributing to death b	ut not resulting in	n the underly	ng ceuse given ir	Part I. 24a. W	AS AN AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC	PERFORMED? 1 VES 2 NO AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO									
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)									
HYSI	t YES 2 YOO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp	ntient 3 DOA		ome 5 🗆 Residence			0110ED		
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJU	JRY V	YES 2 NO	28d. DESCRIBE	IOW INJURY OC	CURED		
	3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Route Number,		
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination							e) end manner ee stated.	
M 29 LICENSE MOMBER							29d. DAT	E SIGNED	(Monyn, Day, Year) 2	
2	BY TO KEN	O COMPLETEO CAUSE OF DE	NTH (ITEM 27) (Type,	5085	Rod	RunB	No.	21	117	
	APR 2 1993	32. REGISTRAR'S SIGNA	TURE							



	_	HEGISTHAH		CERTIF	ICATE (OF DEATH	REG.	NO.	
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEAT		YEAR 3. TIME OF DEATH
		BETTY E.	KAHN				04 1	8 1993	7:56 P
9		4. SOCIAL SECURITY NUMBER 065-12-5968A	1 🗆 M 2 🛣 F	73 YRS.	MONTHS DA		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign ERMANY
2, 3 should	OR	99. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 96. COUNT BALTIMORE 96. COUNT							
7	5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,	Lia an					
1	. DIRECTOR	MARYLAND BALTIM		10c. C11	BALTI	100000000000000000000000000000000000000			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
W	IERAL	3116 SHELBURNE R	D.			101. ZIP CODE 21208		10g. CITIZE	EN OF WHAT COUNTRY? USA
215-0020 attending physicialse as the burial-tr	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Diverced	12. WAS DECEDENT ET FORCES? 1 IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO OR DATES	If yes	DECENOENT OF HISPA I, specify Cuben, Mexic YES 2 NO Spec	an, Puerto Rican, atc	y Yes or No— 1	4. RACE — American Indien, Black, White, etc. Specify: WHITE
215-0 attending use as the	띮	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	PATION g most of working	16b, KINO OF	BUSINESS/INDU	
D 21 pital or ed for u	IPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	DIT MA		F	OOD -MA	NOR HILL
YLA by the be det	E COMPL	17. FATHER'S NAME (First, Middle, Last) JOSEPH TREISSE	R				AME (First, Middle, Me R BLAUSTE		
MA retain 5 sho	TO BE	190. INFORMANT'S NAME TO PERMANN		196311160	SHELB	URNE PRO PUT	BATTIMORE	Town 100. 2010	208
ALTIMORE, death. Page 6 may be funeral director, page		20g, METHOD OF DISPOSITION 1 (X Buriel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE				LOCATION — CH	
death. Page funeral directly.		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			E AND ADDRESS OF FOLL LEVINSON REISTERS		· LINC.	ND 01015
W - 2 B	- 1	23. PART I. Enter the diseases, or o	complications that co	VQ.					
24 hours filled in ion, or re		shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse	on each line.					Approximete interval Between Onaet and Death
ompletely ompletely if, crema		reading in death)	DUE TO (OR	AS A CONSEQUENCE O	F): 4				11/
A 68 / 60, executed within n and completely to burial, cremat	NO	Sequentially list conditions,		150541					72 KR
or be	AT	if any, leading to immediate cause. Enter UNDERLYING	90E 10 (0H	AS A CONSEQUENCE	F):				
death certificate attending physiental Hygiene pri	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE O	F):				
		PART II. Other algnificant condition	s contributing to dea	th but not equiting	la the caded	ulas asus atura la	Dat I		
that the the by he and he and line	EDICAL		_ contributing to det	out not readiling	in the under	ying ceuse given in	PER	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
e law requires has been sign Dept. of Heaf	Σ								1 TES 2 NO
N: The law scate has State Dept state 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			S. PLACE OF DEATH (C	heck only one)		
SICIAN: The certificate the State	YSI	1 U YES 2 NO	1 Inpatient 2 ER	/Outpatient 3 🗆 DOA	OTHER: 4 - Nursing I	Home 5 - Residence	6 Other (Specify)		
DING PHYSIC After this ce death with t	ву рну	27. MANNER OF DEATH 1 Netural 5 Pending Accident Investigation	28e. DATE OF INJI (Month, Day, Y		URY	INJURY AT WORK?	28d. DESCRIBE HO	W INJURY OCCU	RED
TTENDI TTOR: A after da	ETED E	3 Suicide 8 Could not be determined	26e, PLACE OF IN building, atc.	JURY — At home, lerm, ((Specify)	street, factory, o	office	281. LOCATION (Str City or Town, S	reet end Number or liete)	Rural Route Number,
로 작전 =	COMPLE			knowledge, death occurn					l. cause(e) end manner as stated.
THE HOSPI THE FUNEF filed within	Ш С	200. SIGNATURE AND THE OF PERTURE			-	29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
TO THE De filed IMPOR	6	MUL	N	10		L350	08	1 4	1/18/93
1		H . C I +	COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)	PIPER	(337		
2		APR 2 3 1993	32. REGISTRAR'S	SIGNATURE					



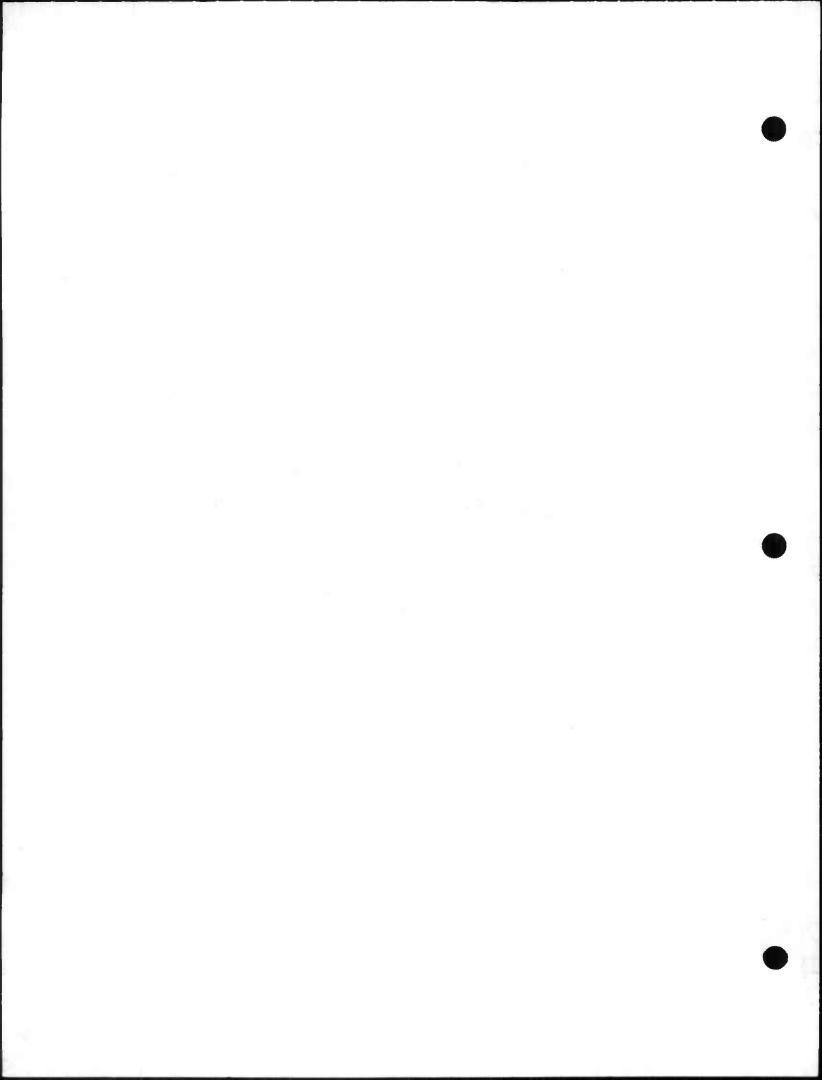
STATE REGISTRAR

1

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH
MONTH 4-21-93 Karl Α. Larsen 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Aug. 9, HOURS 1 X M 2 - F 218-05-6073 YRS. 1920 Maryland permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Franklin Square Hospital Baltimore Rossville RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore City 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1641 North Patterson Park Ave. the burial-transit 21213 United States nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 X YES 2 If yes, specify Cuben, Mexican, Puerto Ricen, atc.) 1 Never Married 2 Married 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced White Navy WW II use as COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high jo ndery (0-12) College (1-4 or 5+) detached 12 Steelworker 17. FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Martha Arnt Riedel page 5 should be Ħ Larsen BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Raymond E. 3105 Chesley Avenue Baltimore, Md. Kirk pe 20e. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE director, must 4 Donation 5 Other (Specify) Maryland Nat. Mem. 4/26/93 Maryland Laurel 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Milton 22. NAME AND ADDRESS OF FACILITY Knight Jr the funeral Baltimore, Md. Leonard J. Ruck, Inc. 5305 Harford Road medicai 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fellure. List only one cause on each line. filled in by Approximata Interval Batween 0 IMMEDIATE CAUSE (Final Onset and Death and completely filled burial, cremation, (the diseese or condition Septic shock event, 1 resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): urinary tract infection, pneumonia traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If eny, leading to immediate cause. Enter UNDERLYING physician invalid state due to stroke requires that the death certificate be CAUSE (Disease or Injury other the attending phy 3 Mental Hygiene 1 DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and AVAILABLE PRIOR TO history of myocardial infarction COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? shows gastrointestional bleed-mild 1 TYES 2 NO been . AL OR ATTENDING PHYSICIAN; The law red AL DIRECTOR: After this certificate has beer 72 hours after death with the State Dept. of **If Item 28 is marked, or Item 23 sh**u cerebrovascular accident PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 Unpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27 MANHER OF DEATH 28e. DATE OF tHJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Naturel
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, streat, fectory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Chack ank 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner es stated. TO THE HOSPITAL OF TO THE FUNERAL DE BE filed within 72 his important; if it HOSPITAL 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ 4-21-93 N/A 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NEGAR MOHAMED FRANKZIN SCO HOSP 9000 FRANKLIN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 23 1993 hie Davidson Pandelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

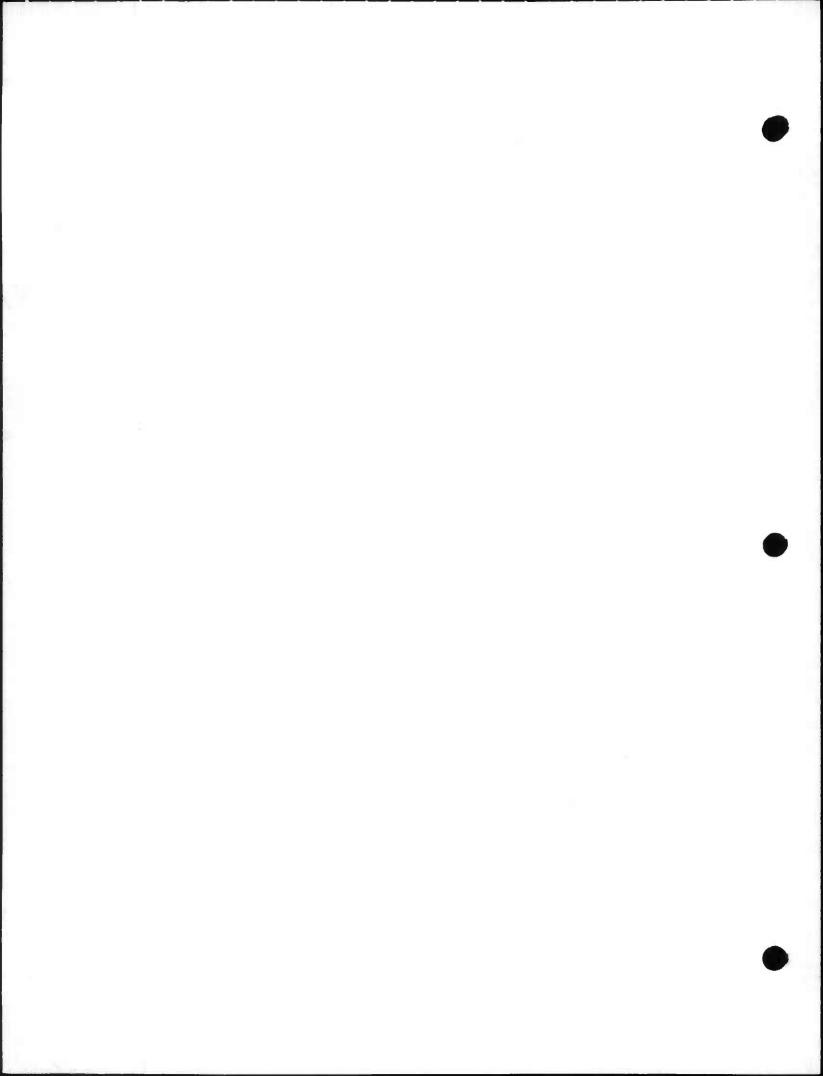




TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	, including the same of the sa				-		VALL	- 01			_	HEG. NO.			
- 8	1. DECEDENT'S NAME (First										2. DAT	E OF DEATH	W	YEAR	3. TIME OF DEATH
1 1	Willi	am	Andrew		LEB	RUN	Sr				04			1993	10050A
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last bir	rthday)	IF UNDER	t YEAR	IF UNDE	R 24 HRS.		E OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	217-09-59	01	1X M 2 F	90)	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Dey, Year)	002	Countr	(אר
	9a. FACILITY NAME (If not in	netitution nive	street and number				ah CITY	TOWAL (0010017	ION OF DE		v.11,19			ryland
CC		-	e Hospita	1			96. CIT		ssvi		ATH		9c. COU	INTY OF D	DEATH
DIRECTOR	RESIDENCE OF DEC	-	e nospita	L				KOS	SSVI.	rre			BA	ALTIM	iORE .
[B	10a. STATE	10b. COUNT	TY	_	Τ.	0. 00	r, TOWN C	0.1004	101						
E	Md.		litmore		- 1	oc. CII		sse							10d, INSIDE CITY LIMITS?
			11011010												1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER							101	. ZIP COD		. 1		10g. CIT		WHAT COUNTRY?
5	294 Sti	llwat	er Road							2122	21			US	SA
15	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN	U.S. ARMEI	0	13.	WAS DEC	ENDENT	OF HISPAN	IIC ORIG	IN? (Specify Yes	or No-	14. RACE	E — American Indian.
	1 Never Married 2		FORCES? 1 IF YES, GIVE W					f yes, sp	ecify Cubi	an, Mexicas Specify	n, Puerte	Rican, etc.)			E — American Indian, k, White, stc.
B	3 Widowed 4 Divo	becred	11 14.5, 0.72 1	AR OR DAI	123			TE3	2 NO	Specify	<i>y</i> :			Speci	White
유	15. DEC	EDENT'S ED	UCATION		16a. DECEE	DENT'S	USUAL O	CCUPATIO	ON		10	Sb. KIND OF BUS	UNESS/INI	DUSTRY	***************************************
E	(Specify online Elementary/Secondary (I	y highest gred			(Give I	kind of v	rork done	during mo	st of world	ing	- 1		AITE 007 111	3001111	
121	6th	J-12)	College (1-4 or 5 +	'	А	irc	raft	Me	chan	ic					
COMPLETED	17, FATHER'S NAME (First, M	****													
8	Carried Management	iom Le	Danne						18. MOT	HER'S NAI	ME (First	, Middle, Maiden h ===			
出			brun							EIIZ	abe t				
5	19a. INFORMANT'S NAME (19b. M	ALLING	ADDRESS	(Street e	nd Numbe	r or Rural F	Route Nu	mber, City or Town	n, State, Zij	p Code)	
F	Elizabet	h Die	trick		1	.22	Day	Coa	ch C	ircle	e B	altimo	re MI). 21	1220
	20a. METHOD OF DISPOSIT			20b. P	PLACEAND	DATEC	F DISPOS	ITION (Na	me of		DA	TE 20c. LO	CATION —	City or To	wn State
	1 K Burlal 2 Crematic		noval from State	cemer	Garde	TIS of	o Pace	ait	h Cei	meter	ry 4	/24/93	Ross	svil]	Le Md.
	2. SIGNATURE OF FUNERA	1 -4 17	ICENSEE	37			1 22	MAME AL	ID ADDRE	SS OF FAC	~1				
1 1	/ 1	1 0	-	1	1							me 3001	1200/	1270	21221
	Onnell	ut	unila	CP	10m	e	100	mie.	гтуг	unera	11110	ille Jool	lacer	100.	21221
	23. PART I. Enter the d	Seeses, or	complications that	caused t	the death	. Do n	ot enter	the mo	de of de	ing suci	h as ca	rdlec or reani	retory er	west	Approximata
	shock, or II	eart failure.	List only one cau	se on eac	ch line.			1			1000				interval Between
	IMMEDIATE CAUSE (Fir disease or condition	nal	D	0	. [Г									Onset and Death
	resulting in death)	→		-61/	al	_+	an'	MY	e						
1			DUE TO	OR AS A C	CONSEDUE	NCE OF):					118			
Z	Sequentially list condit	lone T	a H	>P	ILA	4	0 4	1	Dh 2	ww	OV	118.			
CERTIFICATION	if any, leading to imme	diate	DUE TO	DR AS A C	CONSEDUE	NCE OF):		1						
<u>3</u>	CAUSE (Disease or Inju		c												
쁜	that initiated events		DUE TO	DR AS A C	CONSEDUE	NCE OF):								
	resulting in death) LAS	T .	d												
	DART II OIL - I - III														
EDICAL	PART II. Other significa	int conditio	ns contributing to	death but	t not resu	ulting I	n the un	derlying	g cause	given In	Part I.	24s. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S												1 YES 2			COMPLETION OF CAUSE
															OF DEATH?
2										_				- 1	1 YES 2 ND
A	25. WAS CASE REFERRED TO	2 44521011													
PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:				OTHER		ACE DF	DEATH (Che	eck only	one)			
YS.	1 TES 2 NO		1 Minpatient 2	ER/Outpat	tient 3 🗆	DOA			6 5 A	esidence	8 🗆 Ott	ner (Specify)			
표	27. MANNER OF DEATH		28e. DATE DF (Month, De		26	86. TIMI		28c. INJ WO	URY AT		28d. Di	EŞCRIBE HOW II	UURY OC	CURED	
ВУ		Pending Investigation		,,			М		rES 2[_ NO					
	2 Sutelde	Could not be	28e. PLACE OF	INJURY -	- At home,	term, s	treet, fact	ory, offic				CATION (Street o	nd Numbe	r or Rumi F	Route Number,
回		determined	ounding,	etc. (Specify	y)						CA	y or Town, State)			
ш	29a. CERTIFIER . M										-		_		
P	(Check only		SICIAN: To the best of												
COMPLETED	2 MED	ICAL EXAMIN	ER: On the basie of ax	amination a	and/or Inve	stigatio	n, in my o	pinion, d	eath occu	red at the	time, da	te and place, an	d due to ti	he cause(s	a) and manner as stated,
Ш	29b. SIGNATURE AND TITLE	OF CERTIFIE	R D AA	1.			^		29c. LIC	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
00			1 1170	LAWA	m	M			DZ	89	40	7	D 4	4-	21-93
임	30. NAME AND ADDRESS OF	F PERSON W	HO COMPLETED CALIS	E OF DEAT	THYTEM 27	n (Time	Print1		-		-			7	- 13.
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	21 DATE EN ED Mante Co	Wheel	A 22 SERiow		Fline	_							<u>-</u> -		
	APR 2 3 1		This David	A SIGNAT	UHE -										
	国門代 (21)	333	humaning	con-No	milwest										



3. TIME OF DEATH

10d. INSIDE CITY

1 TES 2 THO

21215

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

415-93

21215

Approximate

Interval Between

Onset and Death

1 YEAR

2 PM

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

FUNERAL (=

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IMPORTANT:

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2

29b. SIGNATURE AND TITLE OF CERTIFIER

EVINDALE

3 1993

31. DATE FILED (Month, Day, Year)

APR

BALTIMORE, MARYLAND 21215-00

Pages 1, 2, 3 should

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death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
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Mental	s marked, or item 23 shows any injury, or other traumatic eve
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Dept.	23
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With	ked,
death	E mar

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH April 15, 1993 REVEKKA LEVINA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 214-33-2974 84 1 - M 2 X F YRS. 10/23/1908 RUSSIA 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LEVINDALE DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2707 GEARTNER RD. 21209 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced В 1 YES 2 NO Specify: Specify: WHTIE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) TEACHER MUSIC 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) SOLOMON LEVINA MARIA **GOLDFARB** BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. LERI SLUTSKY 2706 GEARTNER RD. BALTIMORE, MD 20e. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 28c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) ARLINGTON (CHIZUK AMUNO) 4/18/93 BALTO., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY lensue SOL LEVINSON & BROS., INC. 80 6010 REISTERTOWN RD. BALTO., MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition WOLLIDIE resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS 1 - YES 2 200 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending investigation 1 YES 2 NO В 2 Accident 28a. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 🗌 Homicide 29a. CERTIFIER (Check only 1 To CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(e) end menner ee stated.

Elwin,

32. REGISTRAR'S SIGNATURE

chia Javidson Banda

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2434

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

AVENUE

ATTENDING

W. RELVERDERE

PHYSICIAN

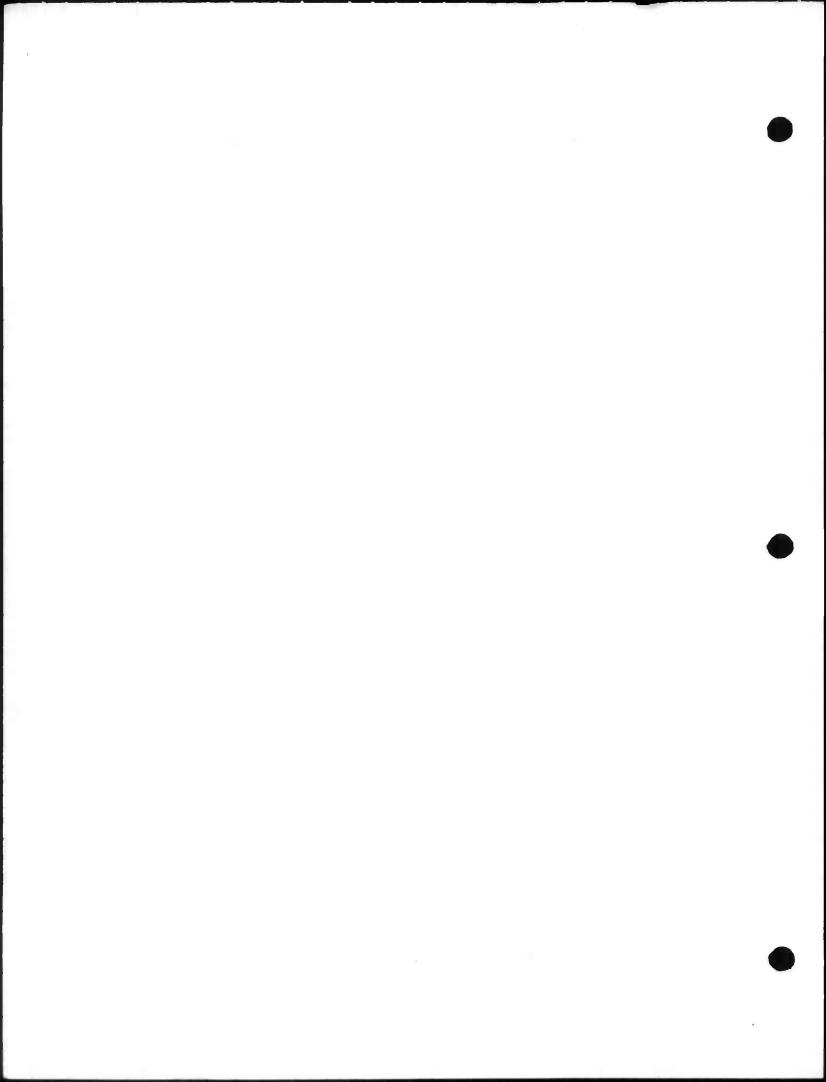
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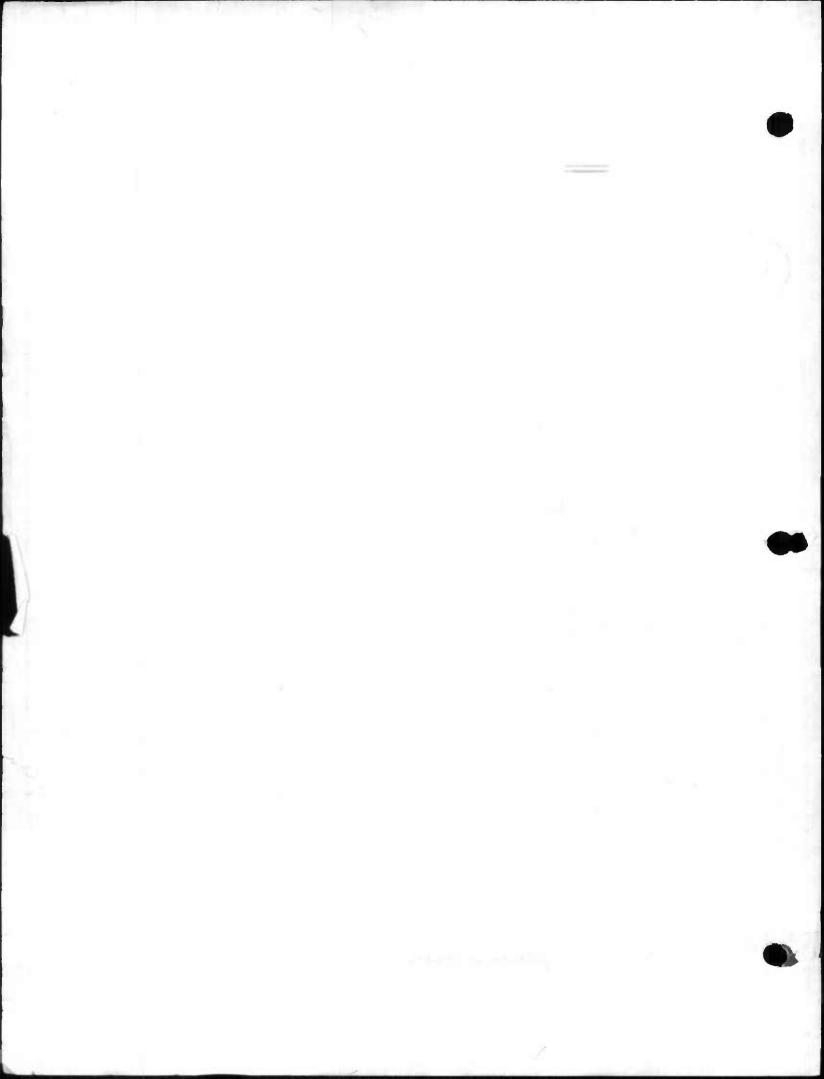
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	1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	ICATE C	F HEALTH AND PERSON		REG. N	0.	1
	The state of the s	EVIN	(BENJAM	IN SZ	COLD LE	EVIN)	M	DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH
		SEX	6. AGE (In yrs. las		IF UNDER 1 YE		RS. 7. D	ATE OF BIRTH	-	8. BIRTHPLACE (State or Foreign
	217-26-305269	M 2 □ F	90	YRS.	MONTHS DA	A HOURS		Month, Day, Year)	02	MARYLA~D
	9a. FACILITY NAME (If not institution, give street	t and number)	-1		b. CITY TO	VN OR LOCATION			7	TY OF DEATH
5	TEVIN DATE				BA	LTIMOR	E			
DINECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LE	CATION				10d. INSIDE CITY
5	MD			E	BALTIM	DRE				1 YES 2 NO
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?
	2500 W. BELVEDER					212				USA
LONGING	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDEN' FORCES? 1	YES 2	MED	If yes	DECENDENT OF H	lexican, Pu		fea or No-	14. RACE American Indian, Black White atc.
5	3 Widowed 4 Divorced	IF YES, GIVE W	KR OR DATES		10	YES 2 NO	Specify:			Specify: WHITE
COMPLEIED	15. DECEDENT'S EDUCA (Specify only highest grade co		16a. DE	CEDENT'S	USUAL OCCU	PATION g most of working		18b. KIND OF B	USINESS/INDI	
		College (1-4 or 5+) Ille	. Do NOT us	se retired.)	g most or working				ADMINISTRATIO
		YES 5	+]	RESEA	ARCHER			SOCIAL		ITY
	17. FATHER'S NAME (First, Middle, Last)	LEVIN				(1.500)		First, Middle, Meidle SZOLD	en Surname)	
1	19a. INFORMANT'S NAME (Type/Print)	· · · · · · · · · · · · · · · · · · ·		b. MAILING	ADDRESS (St	eet and Number or			own, State Zin	Code)
2	MR M. JASTROW	LEVIN				SHOLM R				
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DAT	E OF DISPOSIT	ION (Name		DATE 20c.	LOCATION C	City or Town, State
ì	1	al from Stata	of cemetary ARLI	NGTON	vor other place V-CHIZU	JK AMUNO	4-2]	L-93 BA	LTIMOR	E, MD
	23. PART I. Enter the diseases, Dr co	mplications that	t caused the de	ath. Do	16010	L LEVIN	RSTO	IN RD	BALTIM	
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	PNE	UMDNO (OR AS A CONSE	A-	F):					Interval Betw Onset and De
orum lovillon	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		(OR AS A CONSE							
	resulting in dasth) LAST d.									
FILISICIAN. MEDICAL	PART II. Other significant conditions MULTI - IM FARC ATHERO SCLERO	_		_				DEDE	AN AUTOPSY CORMED?	24b, WERE AUTOPSY FINDII AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
					AR D	17.FHZF			•	1 TYES 2 NO
	DEGENERATIVE 25. WAS CASE REFERRED TO MEDICAL	E JOIN	A) DIRE	FALE		6. PLACE OF DEAT	H (Check o	alv one)	_	
	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗍 DOA	OTHER:	Home 5 - Rasid				
	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIA	IE OF 284	NJURY AT WORK?	280	I. DESCRIBE HO	W INJURY OCC	CURED
	2 Accident Investigation 3 Suicide s Could not be 4 Homicide detarmined	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, ferm,	street, factory,	offica	281	. LOCATION (Stre City or Town, Ste	et and Number ite)	or Rural Route Number,
20111	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI MEDICAL EXAMINER:	_								ed, e cause(a) and menner as state
וכ	29b. SIGNATURE AND TITLE OF CERTIFIER	26	JM.	TEND			E NUMBER		29d. DATI	



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	Š	1. DECEMENT'S NAME (First, Middle, Last)	mach	ngela	A.	Me	ch			2. DATE OF DEATH DO	AY (93	3. TIME OF DEATH ATT
		4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. lest	birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	L915	Count	IPLACE (State or Foreign
		212-07-3119 90. FACILITY NAME (If not institution, give str		77	Tho.	9b. CIT	Y, TOWN (OR LOCATI	ON OF DE			NTY OF D	
	OR	Mercy Medical C	enter			Ва	1tir	nore	Ci	ty			
	RECTO	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
	L DIR	MD 10e. STREET AND NUMBER				Ва			Ci	ty			1 YES 2 NO
	FUNERAL	2802 E. Jeffers	on St.				101	212				S . I	VHAT COUNTRY?
	FUN	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARM	IED	13.	WAS DEC	ENOENT C	OF HISPAN	IIC ORIGIN? (Specify Yes		14. RACI	E — American Indian, k, White, etc.
	BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF						Specify				White
	믑	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DEC	EDENT'S	USUAL C	OCCUPATIO	ON st of working	na	16b. KIND OF BUS	SINESS/INI	,	
	PLE	Elementary/Secondary (0-12) Unk •	College (1-4 or 5+) Unk.		OUS								
once.	COMPLET	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden	Sumame)		
ed at	BE (James Tudor 190. INFORMANT'S NAME (Type/Print)		-	****				~	Mixon			
be notified at once.	은	Rudolph Mech		2	802	E.	Jei	fer	son Humil F	St. Balt	n, Stata, Zij Lino	re,	MD 21205
og tsn		20a METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo		20b. PLACE AI	ND DATE	OF DISPO	SITION (Na			OATE 20c. LO	CATION -	City or To	wn, State
E I		4 Donation 5 Other (Specify)		Uak	Law			O ADDRE	SS OF FAC		ltim		, MD
examiner must		Externant,	Thos	for	K					Son Funer ore St. Ba			way 21224
dical		23. PART I. Enter the diseases, or co shock, or heert failure. L	omplications that ceu	and the dee	th. Do r	ot ente	r the mo	de of dy	ing, suct	aa cardiec or reapi	ratory an	rest,	Approximate
bunal, cremation, or removal attc event, the medical e		IMMEDIATE CAUSE (Final	MONTH OF A		OCC UENCE O	ud	ial	n	ya	nction			Interval Between Onset and Death
traumatic en	NOI	Sequentially list conditions, if any, leading to immediate	OUE TO (OR A										
e prior	RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	·										
or other	HTE	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQU	JENCE O	-):							
2 3	L CE	PART II. Other algnificent conditions	contributing to deet	h but not re	suiting	n the u	nderiving	Cause	niven in	Part I. 24s. WAS AN	ALITOPSY	246	. WERE AUTOPSY FINOINGS
any In	CAL	none							917011111	PERFOR	MED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
shows	MED										7		OF DEATH?
State Dept. of Health Item 23 shows an	AN:	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF O	EATH /Ch	ock only one)			
	SICIAN	EXAMINER? BOOK	HOSPITAL:	Oulpatient 3	DOA	OTHE	R:			8 Other (Specify)			
marked, or	РНУ	27. MANNER OF DEATH 1/2 Natural 5 Pending	28e. DATE OF INJUR (Month, Day Yea		28b. TIM INJ	E OF URY		PK?		28d. DESCRIBE HOW I	NJURY OC	CUREO	
0 00	D BY	2 Accident Investigation 3 Suicide	28e. PLACE OF INJU	JRY — At hom	ie, ferm, s	M street, fac		rES 2	NO	28f. LOCATION (Street a	and Number	r or Rural f	Toute Number
88	ETEC	4 Homicide Tetermined	building, atc. (S	Specify)						City or Town, State)			
De filed IMPORTANT, If Item	COMPLE		IAN: To the best of my kr										
TANK	- 1	29b. SIGNAPURE AND TITLE OF CERTIFIER	: On the basis of examina	mion end/or in	vestigatio	n, in my	opinion, d		ENSE NUM				(Mgnth, Day, Year)
IMPOR	O BE	Faira (.	Donne	()	W	,		704	07	44	19	121	93
	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM	27) (Type,	Print)	333	St	Pa	WP1.	- 1		, self
		31. DATE FILEO (Morph, Day, Year)	PLACUI P 32. REGISTRAN'S S	GNATURE	2115	U-		130	1/4	o, mo	2/2	02	
		APR 23 1993 g	wia Davidson	Pandette									

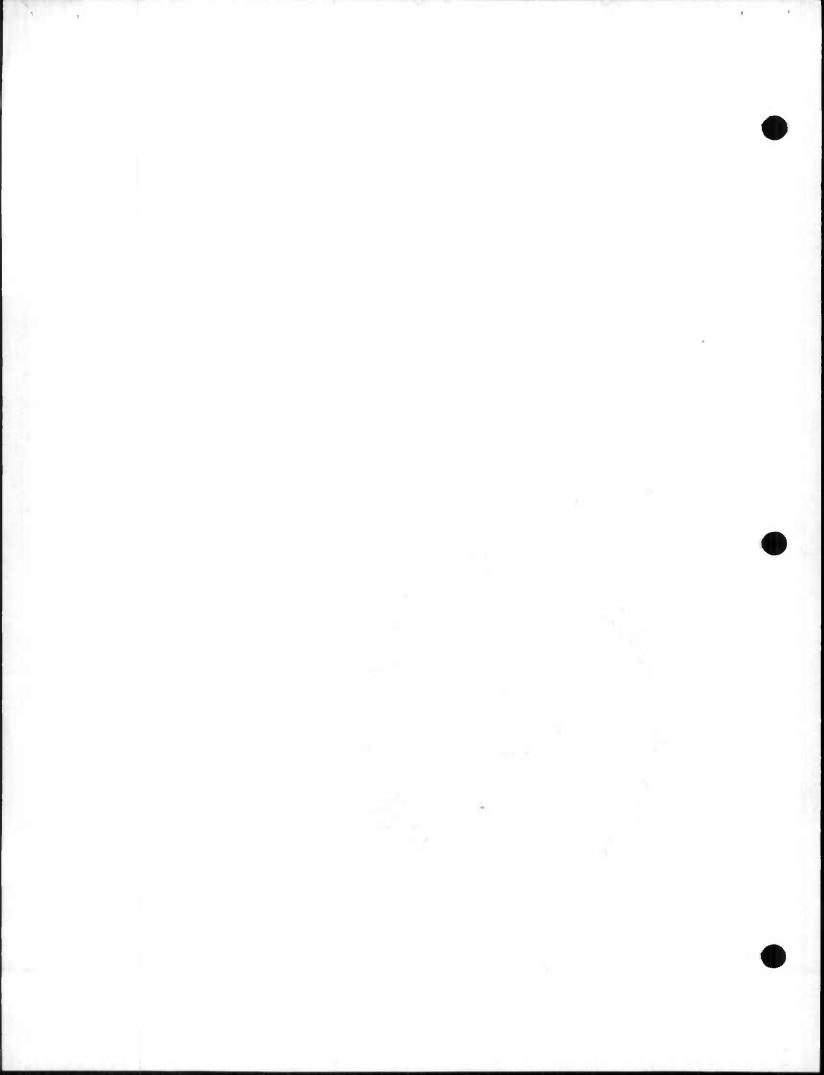
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SIGIAN: The law requires that the death certificate be executed within 2x mours eiter death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. certificate as because any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FA FA FA FA FA FA FA FA FA FA FA FA FA
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours elter death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. P IMME diseit result fram Caustral Farm

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1 - STATE REGISTRAR	STATE OF MAI		EPARIMEN ITIFICATI			MENT	AL HYGIEN REG. NO	E J J) [1120
1. DECEDENT'S NAME (First, Middle,	Last)					2. DAT	E OF DEATH			TIME OF DEATH
PAULINE E.	MOLT						4 21 -		YEAR 3	10:20 AM
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bir		-	IF UNDER 24 HRS	. 7 DAT	E OF BIRTH			ACE (State or Foreign
215-10-4142	1 □ M 2 📈 F	78	YRS. MONTHS	DAYS	HOURS MIN.	1-	22-191	.5		well, Va
9a. FACILITY NAME (If not institution, MERCY MEDICAL	CENTER &	HOSPIT		Y, TOWN OR ALTIN	LOCATION OF	DEATH		9c. COUN	TY OF DEAT	Н
RESIDENCE OF DECEDEN 10a. STATE 10b. CO		- 1	9c, CITY, TOWN	OR LOCATIO	w				1 40	4 WARRE OLT
	BALTIMORE		DUNDA	ALK			_		1 (d. INSIDE CITY LIMITS? YES 2 X NO
5 VISTA MOBIL					21222			U.S		T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IT YES, GIVE WAR	YES 2 10	1 3	If yes, spec	NDENT OF HISP Hy Cuban, Mex NO Spe	ican, Puert	IN? (Specify Yer Pican, etc.)		14. RACE — Black, W Specify: WHIT	
15. DECEDENT'S (Specify only highest		16a. DECET	DENT'S USUAL O	CCUPATION	of working	10	66. KIND OF BU	SINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do	NOT use retired.) CCOUNT		or working		CARLE	_WTR	ישיח ש	LEPHONE
17. FATHER'S NAME (First, Middle, Las	s()				10 MOTHED'S	NAME (Elect	, Middle, Malden		<u> 11.</u>	DEFIIONE
JOHN MOLT					OLGA		,	_universely		
19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRES	S (Street and			mber, City or You	n. State. Zin	Code)	
EUNICE PARRY		19					DALK, M		2122	2
20a. METHOD OF DISPOSITION 1 Burlat 2 XCremation 3 -		206. PLACE AND	DATE OF DISPOS	SITION (Nam	e of	DA	TE 20c. LO	CATION C	City or Town,	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	Green	Mount		ADDRESS OF		1-93	Ba	lto.	Md. 21222
21. SIGNATURE OF FUNERAL SERVICE	Edison	M. Pe		Brad	lley-A	shto	n FUn	eral	Home	TNC.
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Rem Ro	,	CILLIPLE INCE OF):							interval Between Onset and Death
	- Duly	May Conseque	nce of:	Jouly	D.					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. CANN	1		sevi	le.				_	
if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. CHAN DUE TO (OR	CCALCULA ath but not resu	NCE OF):	nderlying		in Part I.	24s. WAS AN PERFOR	MED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond Washing August 24	d. Culcon ditions contributing to day	Cally	NCE OF):	nderlying		in Part I.	PERFOR	MED?	AM CO OF	AILABLE PRIOR TO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conductions of the conduction of the co	DOE TO (OR DUE TO (OR d. Culture) ditions contributing to date the contributing to date the culture of the cul	AS A CONSEQUE COLLUL ath but not resu	INCE OFF:	nderlying			PERFO	MED?	AM CO OF	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conductions of the conduction of the co	DOE TO (OR DUE TO (OR	R AS A CONSEQUE CONFICUE ath but not resu	Ince op:	26. PLA	Cause given CE DF DEATH (5 □ Residence	Check only	PERFOF 1 VES 2 one) her (Specify)	MED?	AM CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conduction of the con	ditions contributing to day ALL HOSPITAL: 1 inputant 2 ER 28e. DATE OF INJ (Month, Day, 1)	RAS A CONSEQUE COMPANY ath but not result R/Outpatient 3 □	INCE OF): WM W Jitting in the ui	26. PLA R: rsing Home 28c. INJUI	CE DF DEATH (Check only	PERFOF	MED?	AM CO	AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond PART I	DÜE TO (OR c. DUE TO (OR d. CHANGE ditions contributing to day ALL HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) building, etc.	RAS A CONSEQUE CALLUL ath but not result R/Outpetlent 3 □ JURY Year) □ 2	INCE OF: WHITE OF THE UP DOA 4 NTHE OF INJURY	26. PLA R: rsing Home 28c. INJUI WOR 1 VE	CE DF DEATH (Check only e 8 Ott 28d. D	PERFOF 1 VES 2 one) her (Specify)	NJURY OCC	OF 1 [AILABLE PRIOR TO MIPLETION OF CAUSE DEATH? YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conductors are sufficient conductors. 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending threestigs are could not dearmin. 29a. CERTIFIER (Check only) 1 CERTIFYING F	DÜE TO (OR c. DUE TO (OR d. CHANGE ditions contributing to day ALL HOSPITAL: 1 Inpetient 2 EF 28e. DATE OF INJ (Month, Day, 1) building, etc.	R AS A CONSEQUE CALLA ath but not resu R/Outpatient 3 IURY Vear) L (Specify) knowledge, death	DOA OTHEL OCCURRED A CONTROL OF THE OF INJURY M OCCURRED AT THE OF INJURY M	26. PLA R: raing Home 28c. INJUI WOR 1 Yestory, office	CE DF DEATH (5 Residence KY XY S 2 NO	Check only 8 G Ott 28d. D 28f. LC	PERFORM 1 VES 2 DONE (Specify) ESCRIBE HOW I POCATION (Street y or Town, State) Buse(a) and mai	NJURY OCC	AME COO OF 1 [I] [I] I [I] I [I] I] I [I] I I I I	AILABLE PRIOR TO MAPLETION OF CAUSE DEATH? YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conductors are also and the conductor of	DOE TO (OR C. DUE TO (OR DUE	RAS A CONSEQUE CALLY ath but not results R/Outpatient 3 □	DOA OTHELD OF INJURY M. farm, street, fac	26. PLA R: raing Home 28c. fNJUI WOR 1 VE	CE DF DEATH (5 Residence KY XY S 2 NO	Check only 8 Ott 28d. D 28f. LC Ci ue to the c	PERFORM 1 VES 2 DONE (Specify) ESCRIBE HOW I POCATION (Street y or Town, State) Buse(a) and mai	NJURY OCC	URED OF Rural Route Ad,	AILABLE PRIOR TO MAPLETION OF CAUSE DEATH? YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1	DÜE TO (OR C. DUE TO (OR DUE	R/Outpatient 3 R/Outp	DOA OTHE DOA 6 NUT MM M farm, street, fac occurred at the stigation, in my of the property of	26. PLA R: rating Home 28c. (NJUI WOR 1 YE ratory, office	CE DF DEATH (5 Residence RY AT K? S 2 NO nd place, and deth occured at the control of the	Check only 28d. D 28f. LC 28f. LC When to the companion of the time, de	PERFOR	NJURY OCC	URED OF Rural Routh or Rural Routh od, o cause(s) an	ARLABLE PRIOR TO MMPLETION OF CAUSE DEATH? YES 2 NO Number, Manual Ma



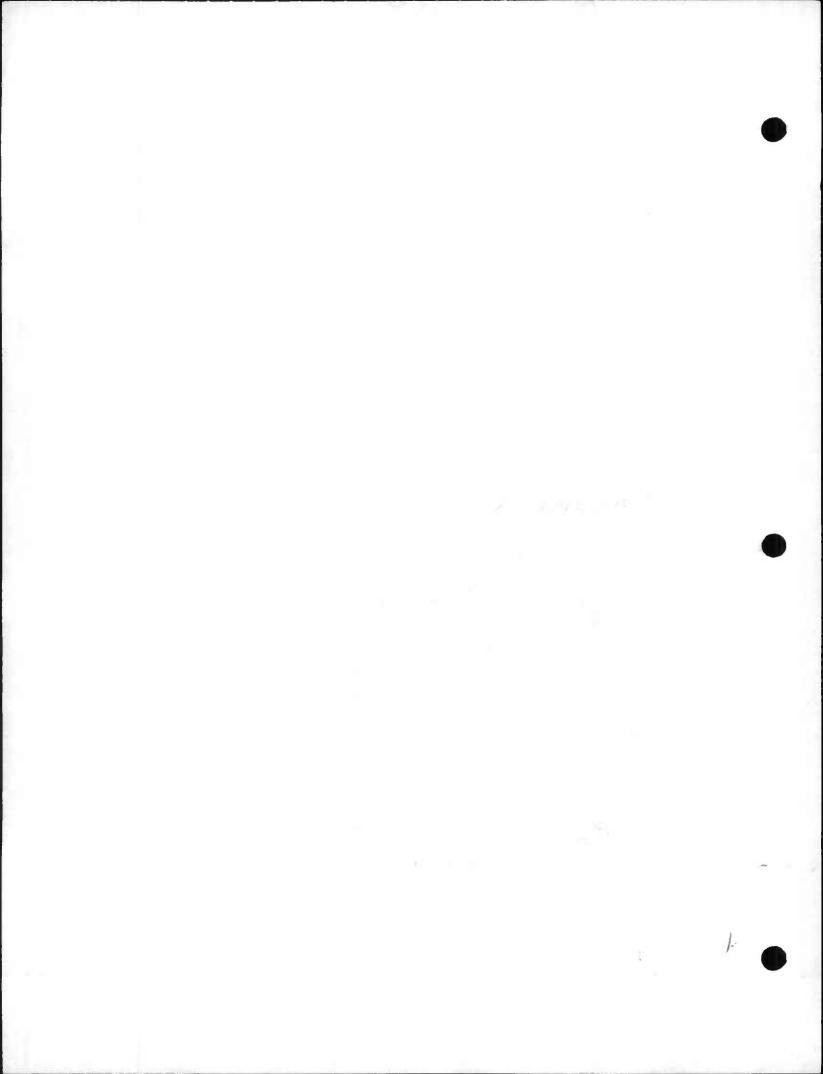
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certificate be executed within 24 hours	nding physician and completely filled in	Hydiene prior to burial, cremation, or re
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death certificate be executed within 24 hours	se attending physician and completely filled in	Aental Hydiene prior to bunial, cremation, or re
the death certificate be executed within 24 hours	y the attending physician and completely filled in	d Mental Hydiene prior to bunial, cremation, or re
s that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending phy	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buri	and Mental Hydiene prior to bunial, cremation, or re

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH MONTH 4-17-1993 YEAR 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH JOSEPH WILLIAM MALISZEWSKI 7:10 pm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Mepith, Day 0'bar) 1 9 2 0 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 215-09-9788 1X M 2 | F 72 DAYS HOURS Maryland VDS permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Med. Ctr. Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. _ _ _ _ Baltimore 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? al-transit 1273 Armistead Way 21205 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ♥ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. LX KNever Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Airplanes 10 yrs Office & Plant G.L.Martin be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname Joseph Maliszewski Martha Skalinski BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 1513 Leslie Rd., Balto., Md. 21222 Theresa Iwanowski (Sister) 20c. LOCATION — City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Green Mount Crematory 4-22-93 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Edison M. Perking. NAME AND ADDRESS OF FACILITY examiner 21222 Edwar Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Dundalk, Md medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition resulting in death) Renal Failure or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Ischemic Cardiomyopathy CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING subendocardial myocardial infarction CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST possible sepsis Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any Diabetes Mellitus . chroniz renal 1 YES 2 NO OF DEATHS 23 shows Sign HOSPITAL OR ATTENDING PHYSICIAN: The law require 1 YES 2 NO certificate has been in the State Dept. of PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ne 5 - Rasidence 8 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY with t 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Is marked, 1 Netural 5 Pending Investigation t YES 2 NO DIRECTOR: After the hours after death water 18 is mark BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL DO be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. ASSOC. PROF. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE hu HANDRA. MD 22396 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) John Bruza, MD 32. RECISTRAR'S SIGNATURE

APR 23,1993

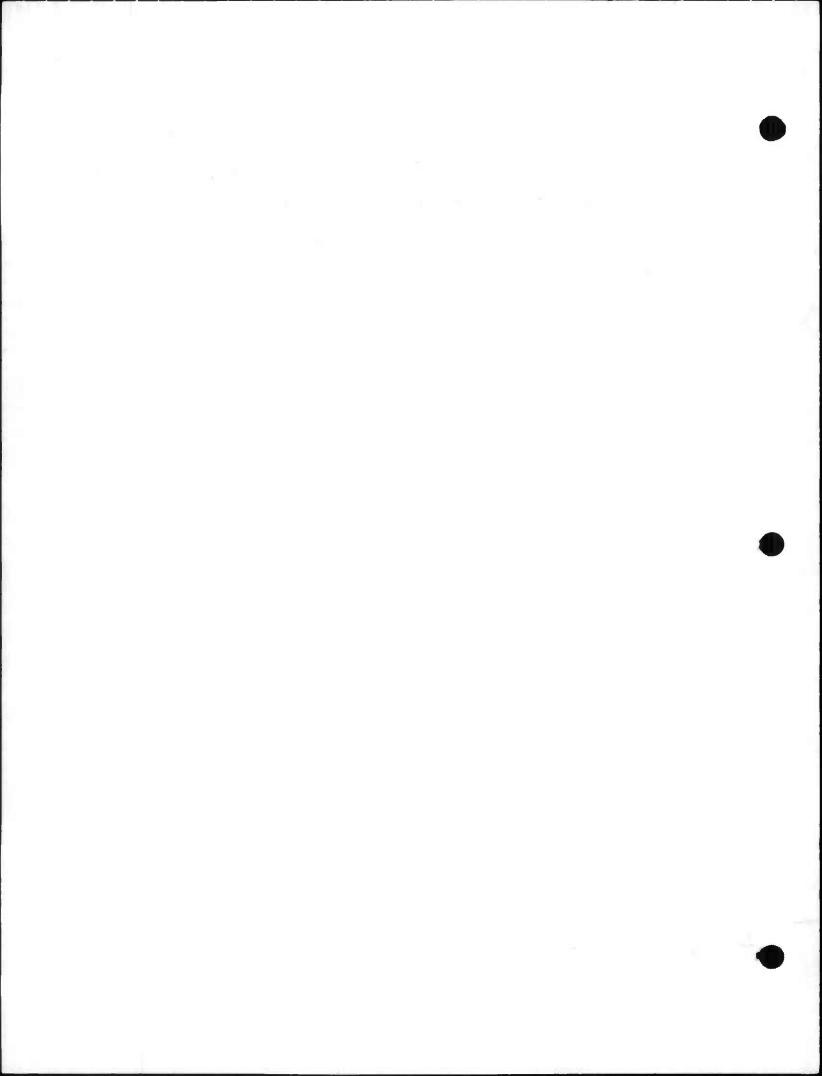


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BALTIMORE, MARYLAND 21215-0020	i law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF STRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nou	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.				
- 5	1. DECEDENT'S NAME (First, Middle, Last)	1 .			2. DATE OF DEATH		3. TIME OF DEATH		
1	TILDA	MILL	ER		MONTH &	YEAR	K- 304		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	(10	1 37	3.207		
7	000 - 2200	1 - M 2 F 2	7 YRS.	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	HPLACE (State or Foreign		
œ	Sa. FACILITY NAME (If not institution, give stre	et and number)	9b.	CITY, TOWN OR LOCATION OF DE	ЕЛТН	9c. COUNTY OF	DEATH		
일	RESIDENCE OF DECEDENT	Tan 7705	-	Jakn	<u></u>	l			
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY, TO	WN_OR LOCATION/			10d. INSIDE CITY		
DIRECTOR	MX		1	Balto.			LIMITS?		
FUNERAL	5463 Bud	cknell	Rd.	101. ZIP CODE 2/20	06	10g. CITIZEN OF	WHAT COUNTRY?		
5		12. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14, RAC	E American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 L IF YES, GIVE WAR OR DATES	⊋M6	If yes, specify Cuban, Mexics 1 YES 2 10 Specif	in, Puerlo Rican, etc.) y:	Spec	k, While, etc. Hy: Black		
8	15. DECEDENT'S EDUCA		DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY			
COMPLET	(Specify only highest grade or Elementary/Secondary (0-12)	Coffege (1-4 or 5+)		lone during most of working mod.) SALLE					
💆	17. FATHER'S NAME (First, Middle, Last)	0 /							
l w	Unknown			LO R	ME (First, Middle, Meiden	Surname)	1/er		
0 B	19a. INFORMANT'S NAME (Type/Print)	2 11	19b. MAILINO ADD	RESS (Street and Number or Flural		n, Statu, Zip Code)			
=	LONEX14 /1	7,11ew	346	2 Buck	nell	Kol	21206		
	26s. surficio or disposition 1 Ef Burlai 2 Cremation 3 - Remov	al from State 20b. PLAC	E AND DATE OF DIS	SPSITION (Name of	DATE 20c, LO	CATION — City or To	own, State		
	4 □ Donation S □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	hez	~	22. NAME AND ADDRESS OF FA	CIUTY i	SALOYO.	D. 100.		
	Host	nell.	ĺ	COLA MI	tu 4/1	1639 N	BRITHER		
	22 PADT I Enter to distance of the	milestions that arrived the	death December	394 /1111	ree /41		23		
- 1	23. PART J Enter me diseases, or co shock, or heart fellure. Li	st only one cause on each li	ne.	nter the mode of dying, suc	h as cardige or respi	ratory arrest,	Approximata interval Between		
	IMMEDIATE CAUSE (Final disease or condition SFS1S								
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):								
z	- PRENMONIA								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS A CONS					110		
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	DIAKETE	D P	NELLITUS			11090		
Ē	that initiated events	DUE TO (DR AS A CONS	SEDUENCE OF):						
FE	resulting in death) LAST								
	PART II. Other significant conditions	contribution to death but no	t consisting to the	a stade abstance and a state of	D-11 11 11 11 11 11 11 11				
CAL	TAIT II. Other agrillouix conditions	contributing to deeth but not	c resulting in th	e underlying ceuse given in	Part I. 24s. WAS AN PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE		
<u> </u>					1 YES 2	NO NO	OF DEATH?		
Σ							1 TYES 2 ND		
Z I									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE DF DEATH (Ch	eck only one)				
\Z	1 YES 2 NO	Inpatient 2 ER/Outpatient		Nursing Home 5 - Residence	8 Other (Specify)				
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW II	JURY OCCURED			
À	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, term, street	, factory, office	281. LOCATION (Street e City or Town, State)	and Number or Rural	Route Number,		
ETEI	4 Nometoe determined								
COMPLE		AN: To the best of my knowledge,							
ő	one) 2 MEDICAL EXAMINER:	On the basis of examination end/o	or Investigation, in	my opinion, death occured at the	time, date and place, an	d due to the cause(e) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIER	1 - 1	100	29c. LICENSE NUI	MBER	29d. DATE SIGNED	(Month, Day, Year)		
10 B	SALIM MI	HIU MID	-	IDENT		14/5	1/93		
-	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DEATH (IT	TEM 27 (Type; Print	OD SAMA	RITAAI	Hoto	OF MA		
	31. DATE FILED (Month, Day, Year)	32. RECHETRAR'S SIGNATURE				11001	01 14,17		
, ,	ADD 23 1993 9	the nongon-line	COC.						

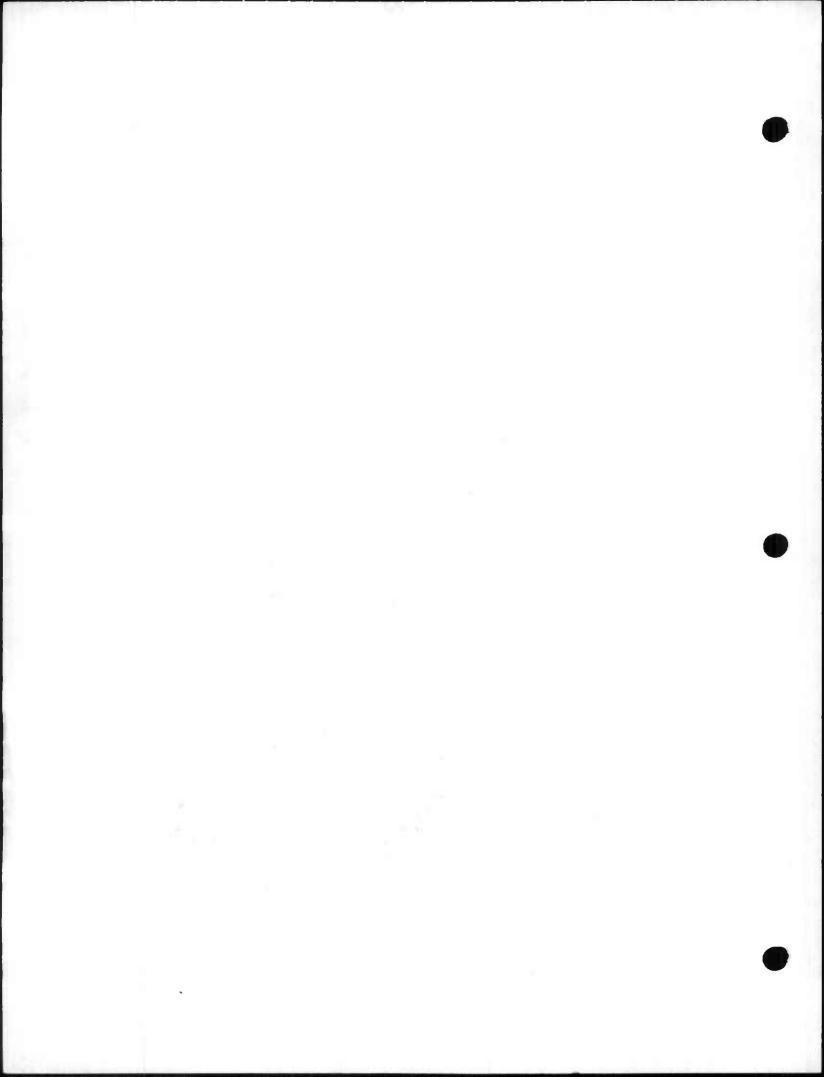


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	of ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours efter death. Page 6	Difficulty: After this certificate has been signed by the attending physician and completely filled in by the funeral direct
	after	y the
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI		TMENT OF I		MENTAL	HYGIEN REG. NO		3	1726
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	F DEATH	AY_ O	(EAR) 3. T	ME OF DEATH
	HELEN L. MATHIE				1 11 11 11 11 11 11 11	104	12	09	5 8	2 Y
	216-01-9774 Se. FACILITY NAME (If not institution, give s	10 M 2 X F 80	yrs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		P BIRTH Day: Year) 24,19	12	MARYL	
TOR	CHARLESTOWN CARE			BALTI	MORE	EATH			LTIMO	
DIRECTOR	10a, STATE 10b, COUNTY			Y, TOWN OR LOCA						INSIDE CITY
	MARYLAND BAL 100. STREET AND NUMBER	TIMORE		BALTIMOR	1. ZIP CODE					YES 2 NO
ERA	701 MAIDEN CHOICE	LANE, APT.21	.4A	10	21228	3		U.S	A.	COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 X NO	If yes, sp	CENDENT OF HISPAI necify Cuban, Mexica 3 2 NO Specif	in, Puerto Ric	(Specify Yes	or No — 14	Black, Wh	merican Indian, ite, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	6a. DECEDENT'S (Give kind of ville. Do NOT us	USUAL OCCUPATION done during more retired.)	ON ost of working	166. 1	CIND OF BUS	SINESS/INDUS	TRY	
AP.	12TH GRADE	551095 (1-4 55 5 4)	SECRET	CARY			U.S.	. NAVY		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Sumame)	-	
BE	GEORGE LEIDIG				1	ESA (I				
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					0/-/-
	C. LYNN MATHIEU 4951 COLUMBIA ROAD, APT.D-COLUMBIA, MD. 21044 20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of ARDEN parties) ARDEN OATE 20c. LOCATION — City or Town, State									
	1X Burial 2 Cremation 3 Remo	oval from State	ery, crematory on o	ther place) LEY MEM	GARDEN ORTAL	4/23		CKEYSV		inte
	21. SIGNATURE OF FUNERAL SERVICE LIC	CHSEE		22. NAME A	ND ADDRESS OF FA	CILITY			Thre	-
	V(1.1	Lan			RD FUNERA				M	01000
CERTIFICATION	disease or condition resulting in death) a. Cardis pulmor any Assest DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condition	g cause given in		24a. WAS AN PERFOR	IMED?	AMAI COM OF E	E AUTOPSY FINDI LABLE PRIOR TO PLETION OF CAUS DEATH? YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one)				
Ş ₹	1 YES 2 NO	1 Inpatient 2 ER/Outpati	lent 3 DOA	Nursing Hon	IURY AT			W #1500 0.00	-50	
	1 Distural 5 Pending	(Month, Day, Year)	INJ	URY WO	ORK? YES 2 NO	200. DEŞC	HIBC HOW I	NJURY OCCUI	TEU	
red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	000)	CIAN: To the best of my knowled R: On the basis of examination s								menner ee state
H	296. SIGNATURE AND TITLE OF CERTIFIER	10 (1		29c. LICENSE NUI			29d. DATE S	IGNED (MON	ITI, Class Moor)
٥١	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF ATTE	H STEM ST	Deleta 1	P 38	762			4/2	1/93
	Shain	Mc Com 3	1	MD					7.0	
	APR 23 1993	Julia Davidson-R	under 2							

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE

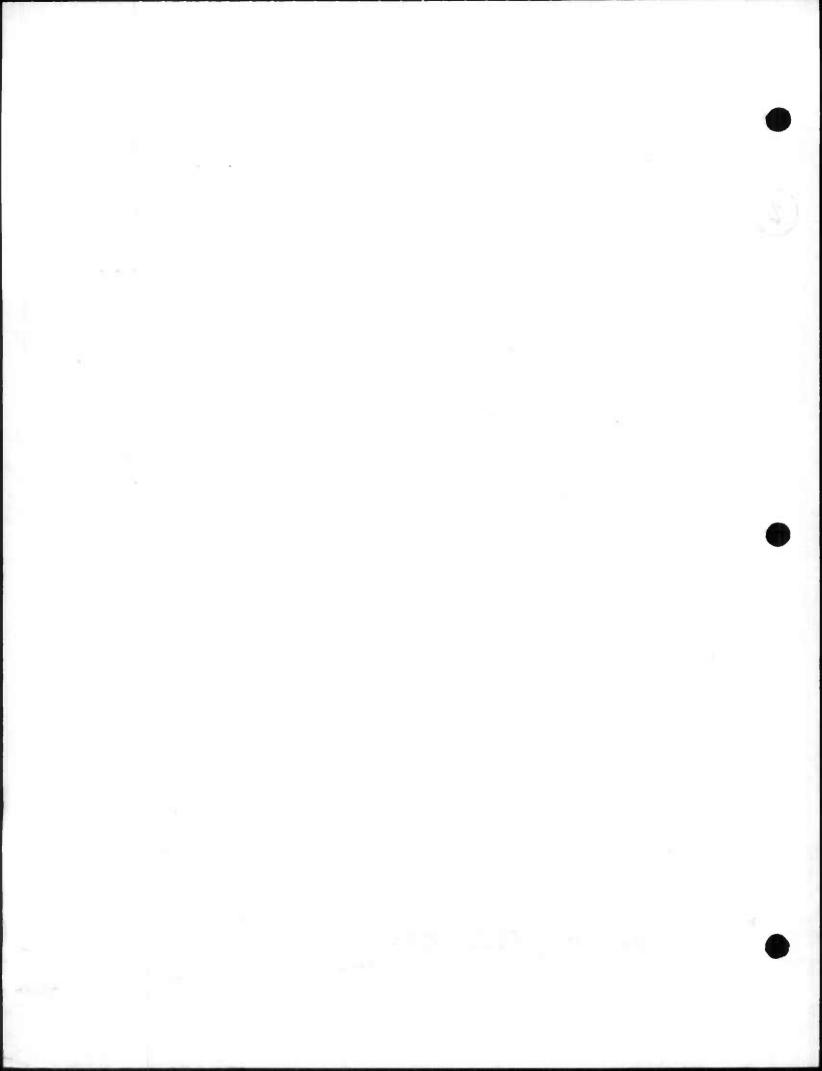
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		REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).			
		1. OECEDENT'S NAME (First, Middle, Lest) Lawrence	MURRAY				2. DATE OF DEATH WONTH 4-16-	93 Y	3. TIME OF OEATH 2:45 P		
		4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
pin		212-05-4745 Se. FACILITY NAME (If not institution, give stre	1 M 2 D F	87 YRS.	MONTHS DAY		Nov. 10,1	905	Maryland		
3 should	NG.	Franklin Square				n or location of de .1timore	EATH	Baltin			
1)=	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
Jeg.		Maryland Bali	timore		Balti				LIMITS?		
t permit.	RAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
020 physician. burial-transit	FUNER	9219 Bowline Road	I. WAS DECEDENT EVER II FORCES? 1 X YES	N U.S. ARMEO	13. WAS 1	21236 DECEMBENT OF HISPAN	NC ORIGIN? (Specify Ye		S . A . RACE — American Indian,		
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physici the funeral director, page 5 should be detached for use as the burial-ral.	B	1 Never Married 2XXMarried 3 Widowed 4 Divorced	FORCES? 1 X YES								
21215-0 al or attending for use as the	TED	15. DECEOENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND OF BU	SINESS/INDUST	RY		
the hospital detached for	COMPLET	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A	Electri		gineer	Gas	& Elect	tric Co.		
oy the hospital be detached to at once.	S	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
MARYL retained by 5 should be notified at	BE	John Mu 19a. INFORMANT'S NAME (Type/Print)	ırray	19b. MAILING	ADDRESS (Stre	Laura et and Number or Rural i	(Surname Route Number, City or Tow	e unkno	own)		
E, MJ y be reta vage 5 st be noti	2	Janet E. Murray	(wife)				altimore,				
BALTIMORE, hours after death. Page 6 may be bd in by the funeral director, page or removal.		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ramov 4 Donation 6 Other (Specify)	rel from State CON	PLACEAND DATE	ther place)		1	CATION — City			
ALTIMOR death. Page 6 ma e funeral director, I		21. SIGNATURE OF FUNERAL SERVICE LICES		odlawn (22, NAME	AND ADDRESS OF FA	CILITY		Maryland .		
BALTI ter death. Pr the funeral wal.		Main 2	Juin		970	imunek Fur 5 Be lair F	neral Home Road, Balt:	s, Inc. imore.	MD 21236		
ompletely filk completely filk al. cremation, event, the			Myocardial DUE TO (OR AS A	infarct	second	ary to iso	chemia		interval Between Onset and Death		
th certificate be tending physician all Hygiene prior be or other traur	CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. acute resulting sequence of injury that initiated events resulting in death) LAST									
equires that the en signed by the of Health and M hows any Inju	: MEDICAL	PART II. Other significant conditions	contributing to deeth b	ut not resulting	In the underly	ring ceuee given in	Part I. 24a. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
23 eg 8	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN; The this certificate h with the State C	IXSI		1 X Inpatient 2 - ER/Outs			lome 5 - Residence					
NG PHYSI fler this c eath with	Y PHY	1 X Natural 5 Pending	(Month, Day, Year)	26b. TIN	JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW I	INJURY OCCUR	ED		
TTENDI TTENDI TTENDI TTENDI TTENDI TTENDI	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY building, atc. (Spec	— At home, ferm,	street, fectory, o	ffica	26t. LOCATION (Street City or Town, State)	end Number or F	Rural Route Number,		
글 그 이 느	COMPLETE		AN: To the best of my know. On the besis of exemination						ruse(s) and manner as stated.		
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT: 1	8	29b. SIGNATURE AND TITLE OF CERTIFIER	A STATE STORE						GNED (Month, Day, Year)		
A.	5	30. NAME AND ADDRESS OF PERSON WHO Dr. Louis Ortega 9	COMPLETED CAUSE OF DE						V V D		
A THI		31. DATE FILED (Morlett, Day, Year) APR 2.3 1993	32. REGISTRAR'S SIGN	ATURE On Pandall							



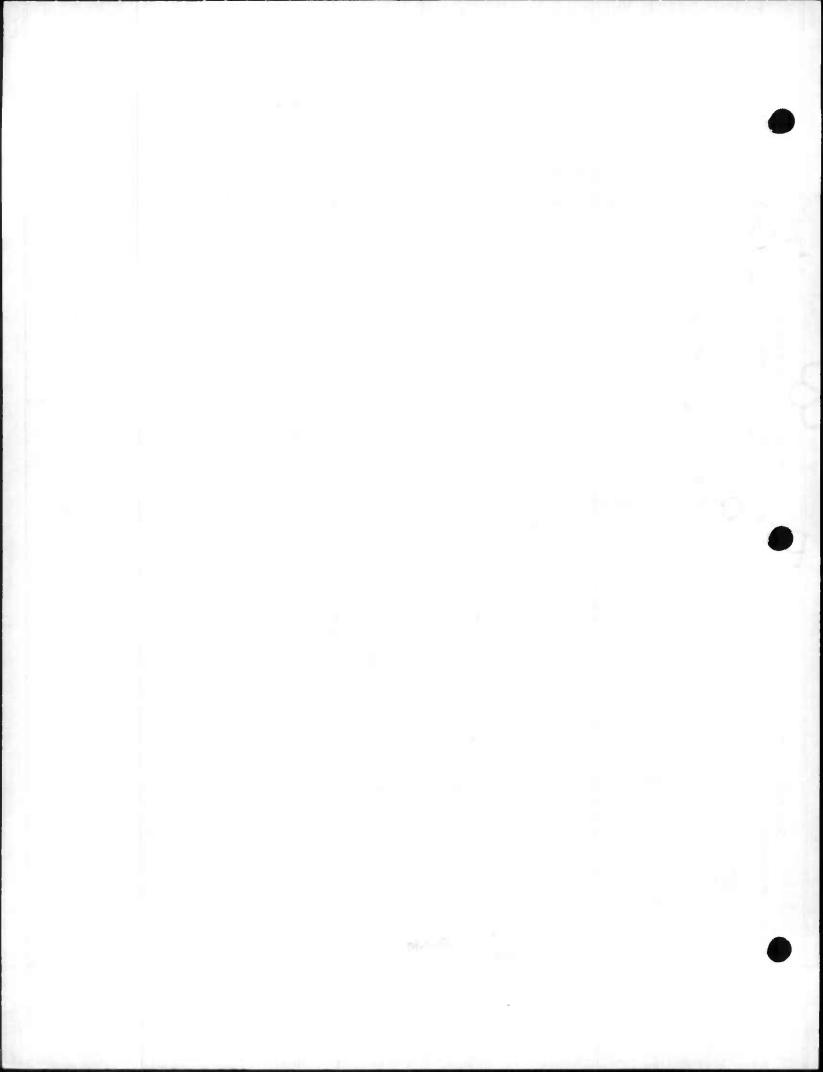
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending process. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIE		02 11729		
33	1. DECEDENT'S NAME (First, Middle, Last)		obert Will			2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
25.5	216-62-3440		39 YRS.	NTHS DAYS	HOURS MIN.	Aug. 15,	1953	Maryland		
œ	9a. FACILITY NAME (If not institution, give s		96		PR LOCATION OF DE	ATH	9c. COUNT	Y OF OEATH		
DIRECTOR	Joseph Richey H				altimore					
IRE	Maryland Ann	v e Arundel	10c. CITY, T	own or Locat				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	C ALGIACI			ZIP CODE		1 1 YES 2			
FUNERAL	107 Homeland	Road			21122			S. A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14, RA						
	15. OECEDENT'S EOU (Specify only highest grade	ICATION COMPRISED	16a. OECEDENT'S USI	JAL OCCUPATION	ON et al markins	16b. KIND OF 1	USINESS/INDUS	White		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Hairdre	tired.)	st or working	Rea	uty Sho	NO.		
OM	17. FATHER'S NAME (First, Middle, Last)	NA	TIGHT	DOCT	18 MOTHER'S NAI	IE (First, Middle, Maid		'P		
	Clarence Gordon	Moreau	`			ne Mary S		1		
) BE	19a. INFORMANT'S NAME (Type/Print)	(Sister)	19b. MAILING AO	ORESS (Street e		oute Number, City or 1				
2	Mrs. Catherine L	. Councilman	107 Hom	eland :	Road, Pas	sadena, M	aryland	21122		
	20a. METHOD OF DISPOSITION 1	noval from State Cer	b. PLACE AND DATE OF D	ISPOSITION (Na	me of	OATE 20c.	LOCATION — CH	y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md. 21213									
	23. PART I. Enter the diseases, or	and the state of t	44.4.4.5.	3331	Brehms I	ane, Bal	timore,	Md. 21213		
	shock, or heart failure.	List only one ceuse on	ech ilna.	enter the mo	de or dying, aucr	aa cardiac or rei	spiratory arres	Approximata interval Between Onset and Death		
	disease or condition resulting in death)									
	DUE TO (OR AS A CONSEQUENCE OF):									
ON	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
CAT	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST	d								
AL C	PART ii. Other aignificant condition	na contributing to death	out not reaulting in t	he underlying	cause given in i	Part i. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
	300					PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC							7	OF DEATH?		
ä							100			
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	o	26. PL THER:	ACE OF DEATH (Che					
1YS	1 YES 2 NO	1 Inpatient 2 ER/Out		Nursing Hom	e 5 Residence	28d. OESCRIBE HOV	Horprice			
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	RK?	286. DESCHIBE HOY	A INJURA OCCUI	RED		
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, stree	t, fectory, office		281. LOCATION (Stree City or Town, Sta		Rural Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
	29b. SIGNATURE AND TITLE OF CERTIFIE	BER		RGNEO (Month, Day, Year)						
O BE	Johnson.	Doblow			1)1145	7	► 4/22 / 93			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OR	MI) /6/6 /	XOCTUR	1 ST BA	THURE	21217	MD		
	31. DATE FILED (Month, Day, Year)	P. REGISTBAR'S SIGN	ATURE Prodo 12							

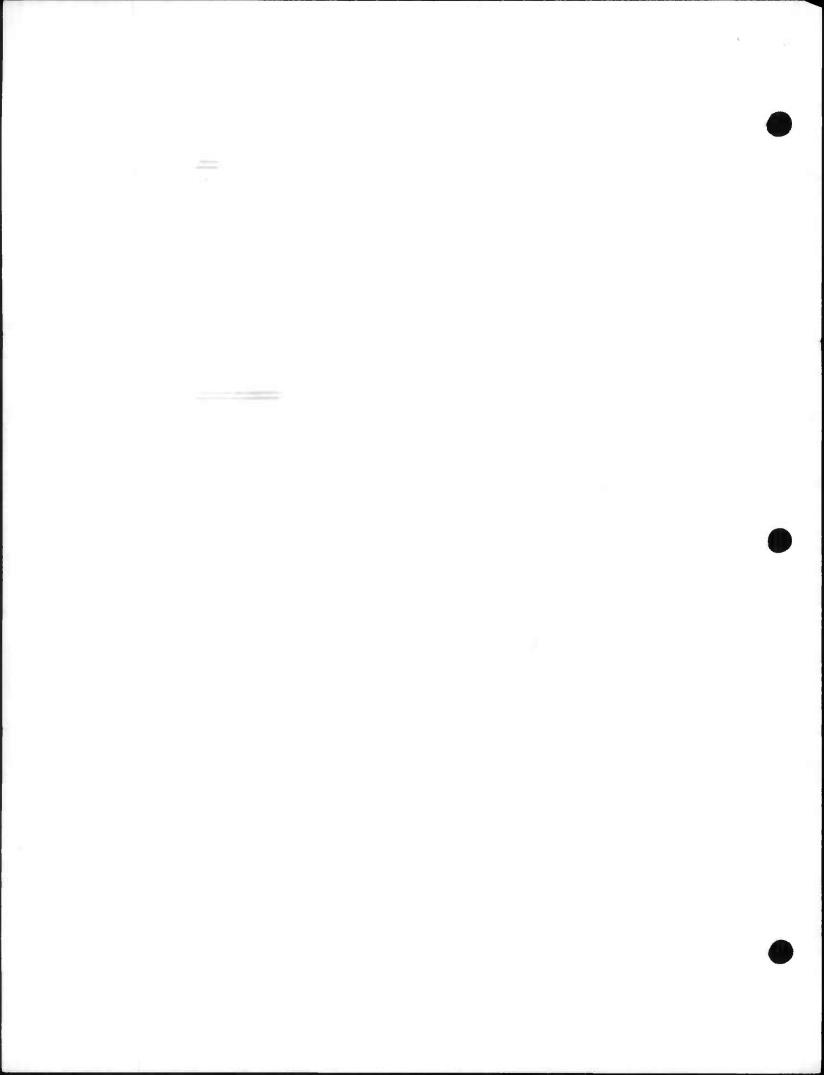


		1 - STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAI CERTIF					MENTA	REG. NO.	E		
		1. DECEDENT'S NAME (First, Middle, Lust)								2. DATE	E OF DEATH	W.	3.	TIME OF OEATH
		Brenda Gail								Apr		1993	YEAR	11:45 p •
		4. SOCIAL SECURITY NUMBER 220-74-8181	5. SEX	6. AGE (In	36 yrs.	IF UNDER	DAYS	IF UNDER	MIN.	(Mon	OF BIRTH th, Day, Year)			ACE (State or Foreign
should		9e. FACILITY NAME (If not institution, give			— ткэ.	ab CITI	TOWAL C	OR LOCATIO	211 OF DE		. 15,1		Mary1	
co.	۳				1	90. CIT	, IUWN U					15,500	imore	
1, 2,	15	Franklin S		spita.					svil.	le		Dair	THOTE	3
permit. Pages	DIRECTOR		Baltimore		10c. C/1	TY, TOWN	Esse:							Id. INSIDE CITY LIMITS? YES 2 XNO
is:	FUNERAL	69A Fenway -	- north				101.	. zip codi	€ 1221			10g. CITIZE	USA	T COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	1 YES	2 (NO		If yes, spe	ENDENT O	m, Mexicar	n, Puerto	N? (Specify Yes Rican, etc.)	or No.— 14	Specify:	American Indian, white, etc. White
215 attend	윤	15. DECEOENT'S EDU (Specify only highest grade		10	I6a. DECEDENT'S	USUAL O	CCUPATIO	IN st of worlds	200	161	b. KINO OF BUS	INESS/INDU	_	
rtal or		Elementary/Secondary (0-12)		(Give kind of work done during life. Do NOT use retired.)				si or worth	•					
AND the hosp detached	COMPLETED	12th 17. FATHER'S NAME (First, Middle, Last)			H	Ouse	wife	40. 400.00						
RYLAND 2121 eed by the hospital or att huld be detached for use ed at once.	BE	Jerry Mulli	Jerry Mullins 190. INFORMANT'S NAME (Type/Print)						She	elby	Middle, Malden	on		
E, MARN y be retained to sage 5 should be notified	2	William Simp	son		12	334]	East	ernAv	or Rural R	Ba	ltimor	e MD.	2122	.0
MORE ge 6 may lirector, pi		20a. METHOD OF DISPOSITION 1	7000		EX-CASTON CAL				4/2	5/93	BA	cation — cr 1timo1		
BALTIMORE, after death. Page 6 may be yothe funeral director, page moval.		21. SIGNATURE OF FUNERAL RERVICE LI	unelal	O H	Ine)	Co	onne:		unera	alHo	me 3001			1221
in 24 hours by filled in thation, or ref		23. PART I. Enter the diseases, Dr shock, or hear feliure. IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	s. Gast	roint	estinal	l Ble		de of dyi	ng, such	n as car	diec or respi	atory arree	R,	Approximate Interval Between Onset and Death
O. BOX 68760, errificate be executed within 24 mg physician and completely filtrigine prior to burial. cremation, other traumatic event, the	N	Sequentially list conditions,	L Cirr	ohosi	S Of Li	iver								
ficate be exphysician a ne prior to ner trauma	CATIC	if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	- Alco	holis	ONSEQUENCE O									
end it	CERTIFICATION	that initiated events resulting in death) LAST	d	(OR AS A CO	ONSEQUENCE O	F):								
DS, F the death the atter d Mental Injury, o		PART ii. Other aignificant condition	na contributing to	deeth but	not resulting	in the ur	deriving	ceuse (niven in f	Part I.	24s. WAS AN	ALITOPSY	24h WE	RE AUTOPSY FINDINGS
OF VITAL RECORDS, HYSICIAN: The law requires that the dea this certificate has been signed by the att with the State Dept. of Health and Menta ked, or Item 23 shows any injury,	MEDICAL	Sepsis Thrombocytopen								_	PERFOR	MED?	CO OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AL R e law re has bee Dept. o														
F VITAL SICIAN: The lay certificate has the State Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpati	lent 3 🗆 DOA	OTHER	R:	ACE OF DI						
		27. MANNER OF OEATH 1XX Natural 5 Pending	28e. DATE OF (Month, D	FINJURY	28b. TIN		28c. INJU	URY AT		_	SCRIBE HOW IN	JURY OCCU	REO	
S P S S	тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	OF INJURY — , etc. (Specify)	At home, farm,	street, fact				28f. LOC City	CATION (Street e. or Town, State)	nd Number or	Rural Route	Number,
OR DIRE	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE	SICIAN: To the beat of ER: On the basis of e											od manner as stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: II	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	red m	17				29c. LICE	ENSE NUM	BER		29d. DATE S	HGNED (Mo	onth. Day, Year)
5	10	N. MOHAMED	O COMPLETED CAUS	SE OF DEATH	H (ITEM 27) (Typo		Rh	735	39	Dr.	Fea	ndeli	in S	19 HOS)
		31. DATE FILED (Month, Day, Year) // DR 2 3 1993	32 REGISTRA	R'S SIGNATU	Andell.	`		15	of t	lan	· U		-	

6 6 3 M	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$2000 after death. Page 6 may be retained by the hospital or attention The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	FIFICA	TE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D			3. TIME OF DEATH
	Frageborg Mosler 4 15 93 10									
									I a pipr	HPLACE (State or Foreign
	The second secon			MONT		HOURS MIN.	(Month, Day,	19, 1912	Coun	try)
		□ M 2 1 F	80 Y	RS.		1 1	August			ermany
_	9a. FACILITY NAME (If not institution, give street	and number)		9b.	CITY, TOWN	OR LOCATION OF DE	ATH	9c. CC	OUNTY OF I	DEATH
5	Greater Laurel Nurs	ing Home		T	aurel			Pri	nce (George's
K I	RESIDENCE OF DECEDENT	Ing nome		1 25	20101					Jedrye B
Ĭ I	10e. STATE 10b. COUNTY		100	. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY
뜻 I	Maryland Prince	George's	Т	aure.	1					LIMITS? 1 VES 2 V NO
7	10e. STREET AND NUMBER	George 5		aurc.		of, ZIP CODE		100 C	ITIZEN OF	WHAT COUNTRY?
RA					1.			101111		WINE COOKTAIT
9	14200 Laurel Park D					20707			S.A.	
FUNERAL DIRECTOR		WAS DECEDENT EVE FORCES? 1 2	R IN U.S. ARMED			CENDENT OF HISPAN pecify Cuban, Mexica			14. RAC Blac	E — American Indian, ck, White, atc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF				S 2 X NO Specify		, 4.0.,	Spec	
	3 M widowed 4 Divorced								Cauc	casian
	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON pletad)	16a. DECEDE	NT'S USU	L OCCUPAT	ION lost of working	18b. KIND	OF BUSINESS/I	NDUSTRY	
		ollege (1-4 or 5+)	Ilfa. Do A	IOT use reti	ed.)	lost or working				
4	12		Admi	nist	ratio	n	U	.S. Gov	ernme	ent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	MF (First Middle	Maiden Sumame	1	
									,	NOTETH
BE	Julius Jacobsberg					Erna Fr				NZIFÍN
0	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural				
F	Eleanor Erickson		670	3 Be	ddoo	St. Alexa	ndria,	Virgin	ia 22	2306
1	20a, METHOD OF DISPOSITION		20b. PLACE OF D	ISPOSITIO	N (Name of c	emetery, crematory or		20c. LOCATION	— City or 1	lown, State
	1 2 Buriel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State	National	Men	orial	Park		Falle (hurc	h, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENS		vaciona.	L Pica		AND ADDRESS OF FA				
	1////6/	11) 1	7							
	VUVICI	Sauce			9191	Leesburg	Pike F	falls Cr	nurch	, VA. 22044
	23. PART I. Enter the diseases, or com	plications that cau	sed the death.	Do not e	ntar tha m	oda of dying, suc	h ss cardiac i	or respiratory	srrest,	Approximate
	shock, or heart fallure. List	only one csuse D	n aach Ilna.							intarval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition									Onset snd Death
	resulting in death)									
	DUE TO (OR AS A CONSEQUENCE OF):									
z										
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
ΧI	cause. Enter UNDERLYING									
표	CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUEN	ICE OF):						
E	resulting in death) LAST									1
與	d									
7	PART II. Other significant conditions c	ontributing to deat	th but not reaul	ting in th	a undariyi	ng cause given in	Part I. 24s.	. WAS AN AUTOPS	SY 24	b. WERE AUTOPSY FINDINGS
5								PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— ¹º	YES 2 NO		DF OEATH?
ME										1 YES 2 NO
Ë										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (C	neck only one)			
SIC		OSPITAL:	Outpatient 3 🗆 E		HER:	me 5 🗆 Rasidence	6 Other (Sn	ecify)		
>	27. MANNER OF DEATH	26e. DATE OF INJU		b. TIME OF		JURY AT	T	BE HOW INJURY	OCCURED	
0	Natural 5 Pending	(Month, Day, Ye		INJURY		YORK?				
BY	2 Accident Investigation					YES 2 NO				
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, atc. (URY — At home, (Specify)	farm, atrea	, factory, of	ice	281. LOCATION	N (Street and Num wn, State)	ber or Rural	I Route Number,
TE	4 Homicide determined									
4	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of my k	mowledge death a	soourned at	the time de	to and place, and du	to the coursels	and menner on	eteted	
MP	(Oriect Oriny									(1) 4
COMPLETED	2 MEDICAL EXAMINEM:	on the beets of examin	sation and/or inves	arganon, in	my opinion,	death occured at the	time, date and	piece, and due to	o the cause	(a) and menner as sured.
29b. SIGNATURE AND TRAFFOR DESTREET. 29d. DATE SIGNED (Month, Da								D (Month, Day, Year)		
BE	MUUU	WM	1)			1 124	142	•	4-	15-93
2	30 MAINE AND ADDRESS OF PERSON WHO C	OMPLETED-CAUSE OF	F DEATH (ITFM 27	(Type, Prin	0. =	-		,	•	
	FOITORY N	POA	1000	11	ID	83171	hem	Lane	10	-0 11h
	MITTING H.	Lev	1101	VIV	IV	0/1/	14VIV	un	-au	(MI)
	31. DATE FILEO (Month, Day, fear)	32. REGISTRAR'S	SIGNATURE				I			20707
	APR 23 1993 Feel	b varidson-	nandelle							



TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a study and Macrol Livings and the house of the source of the first and the study and Macrol Livings and the study of th	the months of the control of the con
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE STATE OF REGISTRAR	/ MARYLAND Ci		TMENT (NTAL HYGIEI REG. NO	_		11701
1. DECEDENT'S NAME (First, Middle, Last)	Jr.					2.1	DATE OF DEATH			3, TIME OF DEATH
	tson i	(Midd	le Na	me:	Jaqu	elin)	April	2, 19	93	Pronounced 8:15 AM M
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs. las		MONTHS C		IF UNDER 24	HRS. 7, C	Month, Day, Year)	908	B. BIRTH Countr	IPLACE (State or Foreign
126-14-4369 1 \(\text{M}\) M 2 KNF 9a. FACILITY NAME (If not institution, give street and number)	84	YRS.				Se	ptember	6,	Virg	inia
	2		96. CITY, TO			OF DEATH			NTY OF D	
6012 Hunt Ridge Road #273			ват	Baltimore Baltimore						
CHAR								10d. INSIDE CITY		
									1 YES 2 NO	
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?									WHAT COUNTRY?	
	012 Hunt Ridge Road #2732 21210 United States MARITAL STATUS 12. WAS DECEMBLY EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Veg or No. 14 PACE - Assets Indian									
1 Never Married 2 X Married FORCES?	YES 2 1	NO NO	it y	es, speci	IDENT OF I	Mexican, Pu	RIGIN? (Specify Ye erto Rican, etc.)	s or No—	Speci	
15. DECEDENT'S EDUCATION	16a. DE	CEDENT'S	USUAL OCCL	UPATION			16b. KIND OF BU	ISINESS/IND		ite
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	+) (G	ive kind of w Do NOT use	ork done duri e retired.)	ing most o	of working					overnment
2	C	Caree	r Offi	ice			Centra	l Int	elli	gence Agency
17. FATHER'S NAME (First, Middle, Last)				1			irst, Middle, Maider	Sumame)		
Julien Jacqueline Mason 19a. INFORMANT'S NAME (Type/Print)						-	rshall			
Julien Jacqueline Mason I							Number, City or Tov Virgin:			
20a. METHOD QE DISPOSITION	20b. PLACE								2701	
1 □ Burial 2 Å Cremetion 3 □ Removal from State 4 □ Donation 6 □ Other (Specify)	cemetery, cre Metro	maton or ptl	her plece) Lan Cr	rema	torv		12	CATION —		Virginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE #MOO		F				of FACILITY eral		zxanu.	LIA,	VIIGIIIIA
* Kourad Dayse	~						Home Culpepe:	r, Vi:	rgin	ia 22701
23. PART I. Entar the diseases, or complications the shock, or heart fellure. List only one cer	t caused the de	ath. Do n	ot enter the	e moda	of dying	, such as	cardlec or resp	Iratory arre	est,	Approximate
IMMEDIATE CAUSE (Final	iso on each line	•								Onset end Death
	JG CA									Iyen
DUE TO	(OR AS A CONSEC	DUENCE OF):							
Sequentially list conditions, DUE TO	(OR AS A CONSEC	DUENCE OF):							
cause. Enter UNDERLYING										
	(OR AS A CONSEC	DUENCE OF):							
resulting in death) LAST										
PART II. Other algolificent conditions contributing to	death but not re	esulting in	the under	rlying c	ause give	n In Part	I. 248. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
Recent preuminin				1 .0.			PERFO	1 4		AMAILABLE PRIOR TO COMPLETION OF CAUSE
Anemia							1 TYES 2	MNO		OF DEATH? 1 YES 2 NO
										TES Z NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)										
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 8 Other (Specify)										
27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED										
2 Accident Investigation M 1 YES 2 NO										
3 Suicide s Could not be determined Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								oute Number,		
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of my bounded a death assured at the state of the second at the										
(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day Year)										
Patien atandelles					D2-	7200	9	D 4	4/2/	93
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, PHIN) PATRICLA: A. SAVADEL 120 S.R. PIENKE DRIVE TOWSON, Md 21204										
31. DATE SUED OF THE DESTAN			. ,	-,	DI	IVE	1010	UN.	140	4 209

and street

FOR

	1 - STATE REGISTRAR	SIAIE UF M					EALTH DEAT		iental hygi reg.					
			ROSA NO	SD.					2. DATE OF DEAT	17	93	3. TIME OF DEATH	D H	
	4. SOCIAL SECURITY NUMBER 212-70-6281 9a. FACILITY NAME (If not Institution, give st	1 M 2 F	6. AGE (In yrs. less	YRS.	IF UNDER	DAYS	# UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Yea SEPT. 18	3,1923	GEF	IPLACE (State or For Y) RMANY	olgn	
TOR		SINAI HOSPITAL						96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH						
DIRECTOR	10a. STATE MARYLAND 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE										10d, INSIDE CITY LIMITS? 1 X YES 2	NO		
106. STREET AND NUMBER 2924 EDGECOMB CIRCLE NORTH 21215 11. MARITAL STATUS 1 Never Married 200 Married FORCES? 1 YES \$200 NO If yes, specify Cuben, Maxican, P								10g. CITIZEN OF WHAT COUNTRY? USA						
ВҰ	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:								— American India k, White, etc.	n,				
COMPLETED														
BE CO	NATHAN	KORN							IE (First, Middle, Me	TA	(UNK	NOWN)		
5	19a. INFORMANT'S NAME (Type/Print) MR JOSEPH NORD)	196	714	STUF	s (Street a RGIS	PLAC	or Rural A E BA	LTIMORE	Town, State, Z. MD 2.	1208			
	29a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo		20b. PLACE A	ND DATE	RECO	IEBRI	CW		20-93	REIST	City or To ERSTO	WN, State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	DL	wis		1 6	SO 5010	REIS	VINSO TERS	ON & BRO	BALTO	.,MD	21215		
	23. PART I: Enter the diseases, or c shock or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	e on each line.							apiratory a	reat,	Approxima interval Be Onset and	tween	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
								O WSE						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	a :			ck only one)					
BY PHYSI	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		28b. TIM	-	28c. INJI WO	JRY AT		28d. DESCRIBE HO	W INJURY OC	CURED			
2	3 Suicide 6 Could not be 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)													
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of man. On the basis of exa) and manner as sta	iled.	
O BE C	296. SIGNATURE AND TITLE OF CONTIFIER	lliger	m.D.				29c. LICE	NSE NUMI	BER	29d. 04	E SIGNEO	(Month, Day, Year)	93	
	30. NAME AND ADDRESS OF PERSON WHO Lau JUW) 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE	Sin	27) (Type,		p.	Ba	1+	hove,	m)	21215	-	
	APR 2 3 1993	A Re Devido	'S SIGNATURE	b .					•					

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-training permit be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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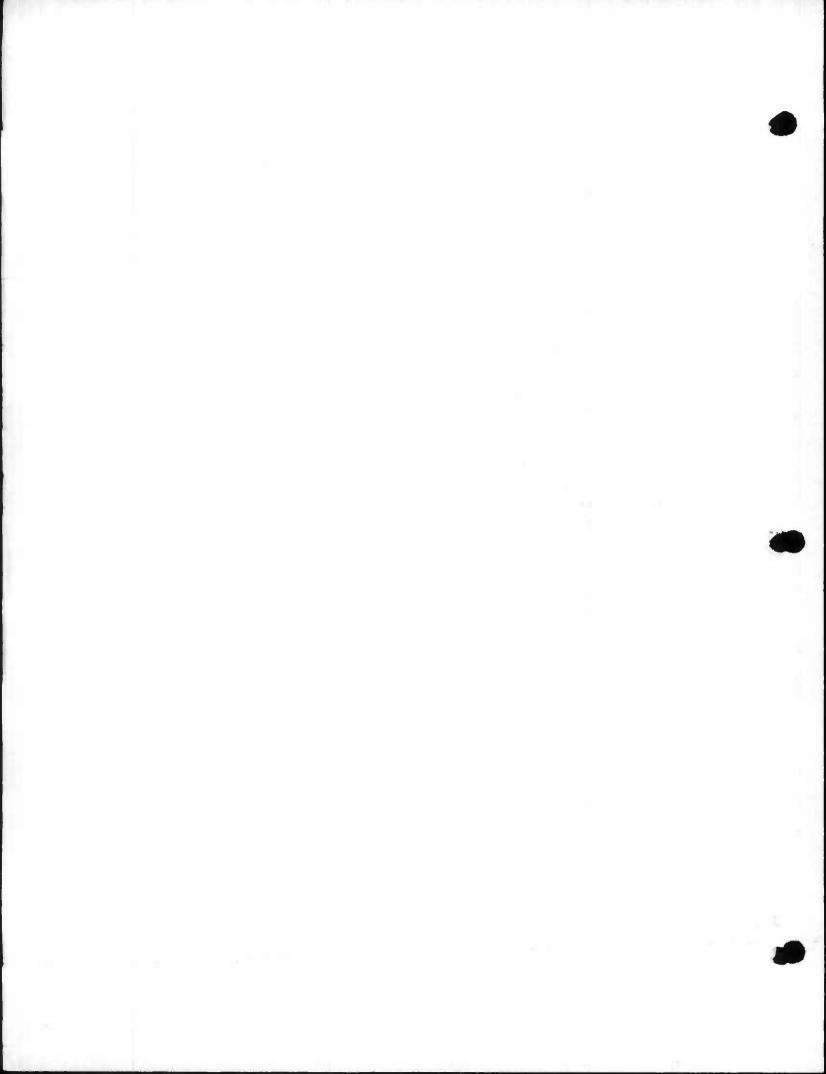
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director,		JANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
and completely med in by the funeral di		mine
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After this certificate	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	E
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31. DATE FILED (Month, Day, Year) APR 23 1993

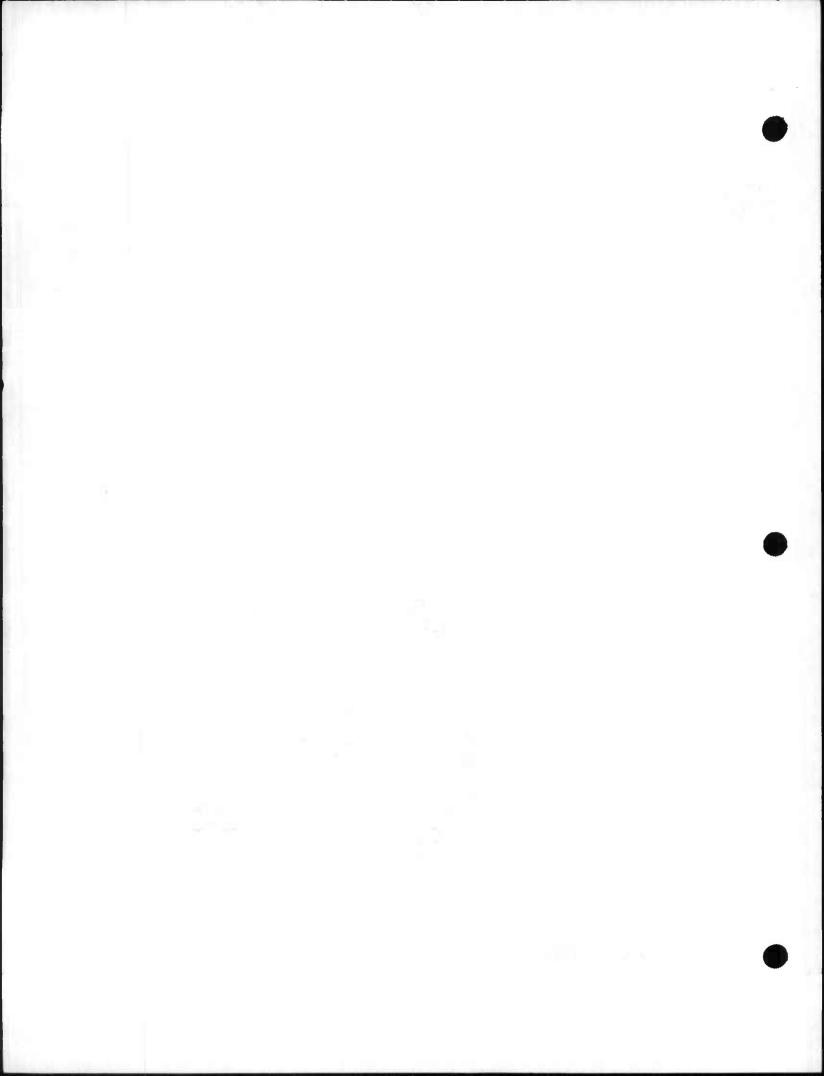
	FOR STATE REGISTRAR	STATE OF M	MARYLAND C		RTMENT O			MENTAL	HYGIEN REG. NO.	E	93	11733
	1. DECEDENT'S NAME (First, Middle, Last	1. 0'I)e11					2. DATE (OF DEATH	/A	YEAR 9.3	7 3.5 A M
	4. SOCIAL SECURITY NUMBER 090 18 8633	5. SEX	6. AGE (In yrs. Is	yrs.	IF UNDER 1 YE		26-41 0- 14-1			8. BIRTHPLACE (State or Foreign Country) 1900 N.C.W. York		
JR.	9a. FACILITY NAME (If not institution, give	street and number) ANOFEXT	ended C	lare	96. CITY, TO	WN OR LOC	ATION OF DE	1 -	OS 7000 MCCO OC. COUNTY OF DEATH ANNE AT			ATH /
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN							10d. INSIDE CITY LIMITS?				
	New York West	Yorkto	Orktown 101. ZIP CODE 109.					1 ∑ YES 2 ☐ NO				
FUNERAL	2453 Pine Grove						0598				ited	States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12, WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-							or No-	Specify	- American Indian, White, atc.	
ETED	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondery (0-12)		+)	Give kind of e. Do NOT u	1422	g most of wo	orking		eeksk:			l District
COMPLET	17. FATHER'S NAME (First, Middle, Last)	5+	Sc	hoo1	Teach						ıblic	Schools
ш	Bartholomew VanB	uren					gusta	the state of the	ke	Surname)		
IO B	19a. INFORMANT'S NAME (Type/Print) David O'Dell				ADDRESS (St							NY 10598
	28a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremellon 3 Re 4 Donation 6 Other (Specify)	moval from State	other p	olace)	sition (Name of			_03			City or Tow	n, Stata New York
	21. SIGNATURE OF FUNERAL SERVICE L	1. Cars	00690 E~		22. NAM Cut 31.	rry Fi	ness of faunera. th Jai	1 Hom mes S	e treet	, Pee	ekski	11, NY 105
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a	it coused the duse on each lin	•. -0 ∨	erce			ch as card	lac or respi	ratory sr	reat,	Approximats Intervel Between Onset and Death
	Sequentially flat conditions, if any, leading to immediate	b	(OR AS A CONSI									
CERTIFICATION	csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST c. OUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant condition	ons contributing to	death but not	resulting	in the under	tying cous	se given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE O	F DEATH (Ch	neck only one	»)			
FHTS	1 TES 2 THO	1 inpatient 2 inpatient 2 in		3 DOA	OTHER: Nursing	Home 6				N.IIIIIPY CC	CLIBED	
2 2	1 Natural 6 Pending	Meturel 6 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO										
	a Davids	Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26s. PLACE OF INJURY — At home, farm, street, factory, office City or Town. State)								oute Number,		
COMPLE	and and	SICIAN: To the best of										and manner as stated.
N L	296. SIGNATURE AND TITLE OF CERTIFI	ER AH	ende	1		29c. l	D 21	MBER	6	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU) [-	. 12	# 7	200	CI	MAI	MAILE 311



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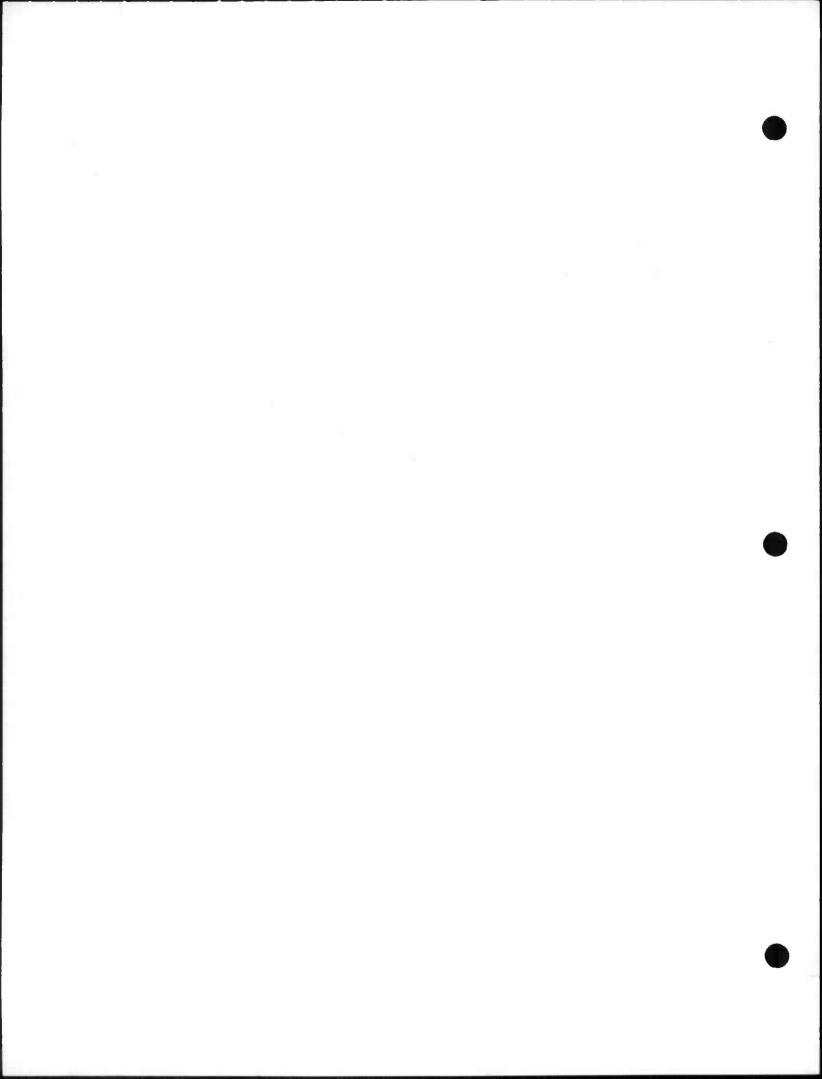
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 052 M ELIZABETH FLORENCE PEARSON 4-19-93 4 SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 🗌 M 2 💭 F YRS. 219 44 9332 6-19-1910 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Hospital Westminister Carroll County RESIDENCE OF DECEDENT 10b. COUNTY IRE. CITY. TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll County Westminister 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 201 St Mark Way 21158 USA hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 YES 1 Never Married 2 Married IF YES GIVE WAS OR DATES 1 YES 2 NO Specify BY 3 Wildowed 4 Divorced White no COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Nurse Medicine 12 +3 once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) ě to Albert V. Cover Lucretia P. Smith BE the funeral director, page 5 should notified 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Cheryl D. Miller 2213 Sharidan Rd, Westminster, MD 21157 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must 4X Donation 5 C Other (Specify) examiner SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bonald Wade, Dir State Anatomy Board 4/20/93 655W.BaltimoreSt, Baslto, MD 21201 mace removai medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory screet, shock, or heart failure. List only one cause on each line. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by 1 within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remo Approximate interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** the within 24 disease or condition resulting in death) rdied event, executed traumatic CERTIFICATION Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): death certificate be CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS requires that the MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE any 1 TYES 2 NO OF DEATH? shows ? 1 | YES 2 1 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) The Tem Tem **EXAMINER?** HOSPITAL: OTHER: 1 | YES 2 | NO 1 Dinpetient 2 ER/Outpetient 3 DOA g Home 5 🗆 Residence 8 🗆 Other (Specify) 4 🗆 Nu 0 27. MANNER OF DEATH 28e. DATE OF INJURY 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 6 Could not be COMPLETED . 28 4 Homicide The The 8 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. HOSPITAL Ξ TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE hrain ar 7 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EDH R 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE



	1 - FOR STATE REGISTRAR	STATE OF MARY		DEPARTMEN			MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Ida Ma	rie	Perzi	nski		2. DATE MONTH ADY	of DEATH 11 20,	" 1993" ^E	3. TIME OF DEATH 5:25 A	
	4. SOCIAL SECURITY NUMBER 220-01-2219	1 🗌 M 2 🖄 F	E (In yrs. lest	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	1 - 5	Day, Year) -1920	Ñ	BIRTHPLACE (State or Foreign Sountry) Maryland	
ECTOR	9a. FACILITY NAME (If not institution, give s Franklin Square RESIDENCE OF DECEDENT			9b. Cl		OSSVILLE			Balti		
DIR	Maryland 106, count	v Baltimor	e	10c. CITY, TOWN	OR LOCA	ATION	Edge	mere		10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 7322 Hughes Aven					of. ZIP CODE	2121	·	Un	of what country? Lited States	
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 N		If yes, s	CENDENT OF HISPA pecify Cuban, Maxic S ZXTX NO Speci	en, Puerto R			RACE — American Indian, Black, White, etc. Specify: White	
LETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gh	CEDENT'S USUAL re kind of work don Do NOT use retired.	during m	ION ost of working	16b.	16b. KIND OF BUSINESS/INDUSTRY			_
at once.	6th Grade 17. FATHER'S NAME (First, Middle, Last) Joseph Lawson			lousewif	<u>e</u>	18. MOTNER'S NA			Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Walter Perzy	inski.				and Number or Rural AVENUE	Route Numb	er, City or Town	n, State, Zip Code		_
must be	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem 4 Donation 5 Gither (Specify)	oval from State	Ob. PLACE A	ND DATE OF DISPO	SITION /N	ame of	DATE	20c. LO	CATION — City		
examiner	21. BIGHATURE OF HONERAL SERVICE LIC	SENSEE SEL		1.0	Duda	ND ADDRESS OF FA	neral	Home	of Dun	idalk. Inc.	
event, the medical	23. PART I. Enter the disease, or a shock, or neart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on a Metabolic DUE TO (OR AS	Acid	osis	or the me	ode of dying, aud	ch as card	lac or reapi	ratory arreat,	Approximata interval Batwee Onset and Dea	•1
or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	b. Chronic Rider to (or as due to (or as due to (or as d.	A CONSEQ	UENCE OF):	and	Bowel I:	schem	ia			_
JICAL DICAL	PART II. Other significant condition Lower Gastroint Congestive Hear	estinal Ble		sulting in the u	nderlyin	g cause given in		24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 NO	
60 1.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Fibrillatio	n	Lozus		LACE OF DEATH (C)	neck only one)			_
marked, or Item 23 BY PHYSICIAN	1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation	1 N Inpettent 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	,	DOA 4 No.	28c. IN.	JURY AT DRK? YES 2 NO			JURY OCCURE	D	_
m 28 is mar ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At hon ecify)	ne, ferm, street, fe				TION (Street a r Town, State)	nd Number or Ru	ural Route Number,	-
MP II		CIAN: To the best of my kno R: On the basis of examinati								use(s) and menner as stated.	_
TO BE CO	294 SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NU	MBER		29d. DATE SIG	NED (Month, Day, Year)	
4	Thomas Savino M				re D	rive, Ba	ltimo	re, Fil	21237		

	or attending physician.	r use as the burial-transit permit. Pages 1.2.3 should		
	urs after death. Page 6 may be retained by the hospita	in by the funeral director, page 5 should be detached	r removal.	ledical examiner must be notified at once.
	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 2 3 should	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-	AT THE HOSPITAL OR ATTENDING PHYSICIAN	HE THE FUNERAL DIRECTOR: After this certific	He had within 72 hours after death with the S	OrPOHTANT: If item 28 is marked, or i

	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAR					MENT		GIENI G. NO.	E 9	3	11736
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	-	DEA		2 DAT	E OF DE		_		3. TIME OF OEATH
	THOMAS E. PERRY	SR							MON	TH	DA	٧	YEAR	1.1. 1.27
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	est hirthday)	IF UNDER 1	VEAR	IE IMPE	9 24 HRS.		E OF BIF	2	_	93	11. 17.
	216-10-6342	1 🔀 M 2 🗆 F		YRS.		DAYS	HOURS	MIN.	(Mo	nth, Day,	Year)		Country	
	9e. FACILITY NAME (If not institution, give st		73		0) 0(7)	701481.0				E 29	,19			LTIMORE, MD
Œ					9b. CITY,				EATH			9c. COU	INTY OF DE	EATH
6	ST. AGNES HOSPITA	يا			E	ALT	IMOR	E						
Ĕ.	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWH OF	LOCAT	ION	-					$\overline{}$	10d, INSIDE CITY
DIRECTOR	MARYLAND			l R	ALTIM	ORE							ł	LIMITS?
AL.	10e. STREET AND NUMBER					-	ZIP COD	E				10g, CIT	IZEN OF W	HAT COUNTRY?
ER/	2119 PARKSLEY AVE	NUE						2123	30				U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13. W	AS DEC	ENDENT C	OF HISPAI		IN7 (Spe	city Yes	or No-		— American Indian,
	1 Never Married 2 Merried	FORCES? 1	YES 2 X	NO	11	yes, spe	clfy Cubi	n, Mexica Specif	en, Puerto	Ricen,	etc.)		Black,	, White, etc.
ВУ	3 Widowed 4 Divorced		0. 16.11(50		1 .		2 ZZ 110	Opecin	y.				Specifi	WHITE
ED	15. OECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16e. D	ECEDENT'S Give kind of	USUAL OC	CUPATIO	N		10	b. KIND	OF BUS	INESS/IN	OUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +		b. Do NOT us	e retired.)	inng mo:	ST OF WORKI	ng						
MP	10TH GRADE		BU	SINES	S REP	RES	ENTA	TIVE		ΓΕΑΜ	ISTE	RS		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle,	Meiden S	Surname)		
BE	GEORGE PERRY, SR.						M	ARY	GRAI	MMER				
2	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	Street a	nd Number	or Rural	Route Nu	nber, City	or Town	, State, Zij	Code)	
-	ELIZABETH PERRY			2119	PARK	SLE	Y Av	enue	-]	BALT	'IMO	RE,	MD. 2	21230
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo	eval from State	20b. PLACE	AND DATE	OF OISPOSIT	ION (Na	me of		1		20c. LOC	ATION —	City or Tow	vn, State
	4 Donation 5 Other (Specify)		LOU	DON P	ARK C	EME	TERY		4/:	24	BA	LTIM	ORE	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE 7			HIIR	AME AN	D ADDRE	SS OF FA	CILITY)MF	TM	C		
	Dunk 7	inhes											F MT	21229
	23. PART I. Enter the diseases, or contained the second sec	ist only one ceus	ceused the die on each lin	e.		he mod	de of dy	ing, suc	th as ca	rdiac Di	r reapir	atory ar	reat,	Approximate Intervel Between Onset and Death
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CHRO	ERIAL OR AS A CONSE	RF1	n: NA L				CIEN	4CY				
_	PART II. Other aignificant conditions	contributing to	death but not	reaulting 1	n the und	eriying	cause	given in	Part 1.	24a. V	WAS AN	WTOPSY	24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFORMED 1 - YES 2					/		MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOCDITA:					ACE OF D	EATH (Ch	eck only o	one)				
اقًا	1 TES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		5 🗆 Ra	eldence	8 🗆 Oth	er (Speci	fy)			
E	27. MANNER OF DEATH	28e. DATE OF I		28b. TIM		Bc. INJU	IRY AT					JURY OC	CURED	
BY	1 Netural 5 Pending 2 Accident Investigation	(, 1011/	1100	м		ES 2	NO						
	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At b	ome, ferm, s	treet, factor	y, offica			261. LO	CATION (Street er	nd Number	or Rural Ro	oute Number,
-	4 Homicide determined		(opcony)						City	or Town	, Stele)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER													end manner ee stated.
O BE		EDICAL	RESI	DEN	T		29c. LICE	NSE NUN	MBER			29d. DAT	E SIGNED	Month, Day, Year)
4	30. NAME AND ADDRESS OF PERSON WHO													
-	O MIT C O	ST AGN	ES HO	SPITE	12	DP1	0	FM	(EOI	CIN) [-			
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	10 010111		***			_						

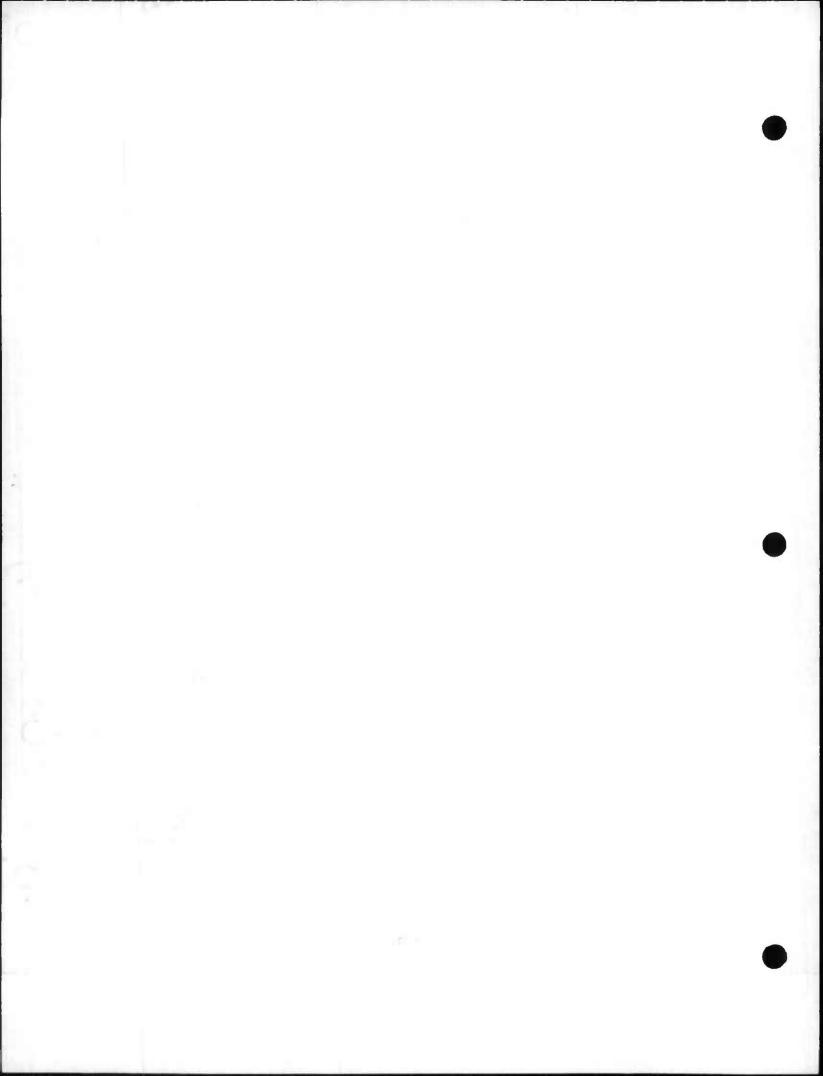


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	FOR 1 STATE	STATE OF MAI	RYLAND /	DEPAR	TMENT ()F HEALTH	I AND I	MENTAL I	łYGIENI	9(3 11	737
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)					OF DEA			REG. NO.		3. TIMO	E OF DEATH
		Dorothy		_				04	21	199	3 06	:34a M
	040 40 6400	5. SEX 6.	Morris Carro Morris (Morris							1	B. BIRTHPLACE (Country) MARYL	
TOR	98. FACILITY NAME (If not institution, give streem GREATER BALTIMORE RESIDENCE OF DECEMENT		CENTER	2		TOWSON	TON OF DE			9c. COUN	TY OF DEATH ALTIMOR	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE										u u	ISIDE CITY MITS? 'ES 2 NO
FUNERAL	3510 RICHMOND A	AVE				101. ZIP COO	213				S. A.	DUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2X N	MED IO	If ye	DECENOENT os, specify Cubi	OF HISPAN	n, Puerto Rica		or No-	14. RACE — Ame Black, White, Specify:	orican Indian, etc.
TED	15, OECEDENT'S EDUCA (Specify only highest grade co	ompleted)	(Gi		USUAL OCCL	IPATION ng most of work	ing	16b. KI	ND OF BUS	INESS/INDU	USTRY	
once.	Elementary/Secondary (0-12) n/a	College (1-4 or 5+) N/a		memal				Ov	m Hor	me		
at once	17. FATHER'S NAME (First, Middle, Last) Martin Ruzin					ME (First, Midd		,				
TO BE	19a. INFORMANT'S NAME (Type/Print)		treet and Numbe	or or Rural I	Route Number,	City or Town	, State, Zip					
T be no	2004 NOTWOOL CC., FAITSCOTI, MG. 2104/ 2008 METHOD OF DISPOSITION 2008 PLACE AND DATE OF DISPOSITION (Name of DATE 2008, LOCATION — City or Town, State											
E H	1 M Burtal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) HOLY Redeemer Cemetery 4/24 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
жашіп	Schimunek Funeral Home 3331 Brehms Lane, Baltimore, Md.									07.0		
the medica	23. PART I. Enter the diseases, or conshock, or heart failure. Listing IMMEDIATE CAUSE (Finel	mplications that cast only one cause	aused the de	ath. Do r	ot enter the	mode of dy	Ing, suc	h as cardiac	or respir	atory arre	est. I A	pproximate
event,	disease or condition resulting in death) a.	Metasta DUE TO (OR									lr O	nterval Between
	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR		DUENCE OF	doysh.						lr O	nterval Between
shows any injury, o : MEDICAL CEI	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR	R AS A CONSECUTION OF AS A	DUENCE OF	idoysh.	i Cana	insr	Part 1. 24		MATOPSY MED?	24b. WERE A AMAILAC COMPLIOF DEA	NUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE
23 shows any injury, AN: MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR	R AS A CONSECUTION OF AS A	DUENCE OF	n the under	i Cana	given in	Part I. 24	MAXIII	MATOPSY MED?	24b. WERE A AMAILAC COMPLIOF DEA	NUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE THY
or item 23 shows any injury, YSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR DUE TO (OR Contributing to de:	R AS A CONSECUTE AS A	DUENCE OF	OTHER:	riying cause	given in	Part I. 24	m. WAS AN A PERFORI	MUTOPSY MED?	24b. WERE A ANALAL COMPLOF DEA	NUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE THY
marked, or item 23 shows any Injury, BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	OUE TO (OR DUE TO (OR DUE TO (OR Contributing to de:	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	DUENCE OF	OTHER: 4 Nursing EOF 28 URY M 1	riying cause 26. PLACE OF C Home 5 R CHOME 5 R WORKY YES 2	given in	Part I. 24 1 eck only one) 6 Other (S) 28d. DESCR	a. WAS AN / PERFORE YES 2	MUTOPSY MED?	24b, WERE A AMALAL COMPLOF DEA	NUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? ES 2 □ NO
28 is marked, or item 23 shows any Injury, TED BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	OUE TO (OR DUE TO (OR Contributing to de:	R AS A CONSECT R AS A	DUENCE OF	OTHER: 4 Nursing EOF 28 URY M 1	riying cause 26. PLACE OF C Home 5 R CHOME 5 R WORKY YES 2	given in	Part I. 24 1 eck only one) 6 Other (S) 28d. DESCR	a. WAS AN / PERFORE YES 2	MUTOPSY MED?	24b. WERE A ANALAL COMPLOF DEA	NUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE TH? ES 2 □ NO
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8 is marked, or item 23 shows any Injury, ED BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR DUE TO (OR DUE TO (OR Contributing to de: 10 Inpertent 2 = EF 28a. DATE OF INJ (Month, Day, 1) 28c. PLACE OF IN building, stc.	R AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AS A CONSECT AND A CON	DUENCE OF DUENCE	OTHER: 4 Nursing E OF URY M 1 treet, factory, id at the time, in, in my opini	riying cause 28. PLACE OF E Home 5 R C. INJURY AT WORK? VES 2 office	given in	Part I. 24 1 eck only one) 5 Other (S 28d. DESCR 281. LOCATIN City or 3	a. WAS AN A PERFORI VES 2 DOCTOR ON (Street at the same of the	MUTOPSY MED? NO NO NO NO NO NO NO NO NO NO	24b, WERE A MANILAI COMPIL OF DEA 1 VI	MUTOPSY FINDINGS BETION OF CAUSE TH? ES 2 NO
PORTANT: If Item 28 is marked, or item 23 shows any Injury, BE COMPLETED BY PHYSICIAN: MEDICAL CE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	OUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR Contributing to de: LOSPITAL: L' Inpetient 2 ER 28a. DATE OF IND Month, Day, 1 28a. PLACE OF IND building, stc. AN: To the best of axami	R AS A CONSECT R AS A	DUENCE OF DUENCE	OTHER: 4 Nursing E OF URY M 1 treet, factory, id at the time, in, in my opini	riying cause 28. PLACE OF E Home 5 R C. INJURY AT WORK? VES 2 office	given in DEATH (Cholesidence NO No	Part I. 24 1 eck only one) 5 Other (S 28d. DESCR 281. LOCATIN City or 3	a. WAS AN A PERFORI VES 2 DOCTOR ON (Street at the same of the	MUTOPSY MED? NO NO NO NO NO NO NO NO NO NO	24b. WERE A MAULAI COMPLU OF DEA	MUTOPSY FINDINGS BETION OF CAUSE TH? ES 2 NO

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 since of the property of Health and Mental Hydiene prior to bunal, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
UT OT	TO THE be filed	IMPOR

APR 23 199

22. RECIETRATE SIGNATURE

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Angela L. Plunkett 4. SOCIAL SECURITY NUMBER 5. SEX yrs. (ast birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS RTHPLACE (Sp orth, Day, Year) 212-14-2943 8 1 M 2 V4 YRS 7 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Josephs Hospital Baltimore Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1XXYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 3331 Brendan Avenue 21213 U. S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Ri 1 YES XX NO Specify: ВУ Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) n/a Homemaker n/a Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Anthony Figinski Martha Novicki BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Aldana (Dohtr) 3505 Kentucky Ave., Baltimore, Md. 21213 20s_METHOD OF DISPOSITION

XXBurial 2 Cremetion 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE St. Stanislaus Cemetery 4 Donation 5 Other (Specify) 4/24 Baltimore, Maryland 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home Min Witness. 3331 Brehms Lane, Baltimore, Md. 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in death) Intestinal BY PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 YES 2 -NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Impetient 2 ER/Outpetient 3 DOA ne 5 - Reeldence 6 - Other (Specify) 27. MANNER OP DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Hatural м 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER

(Chack only

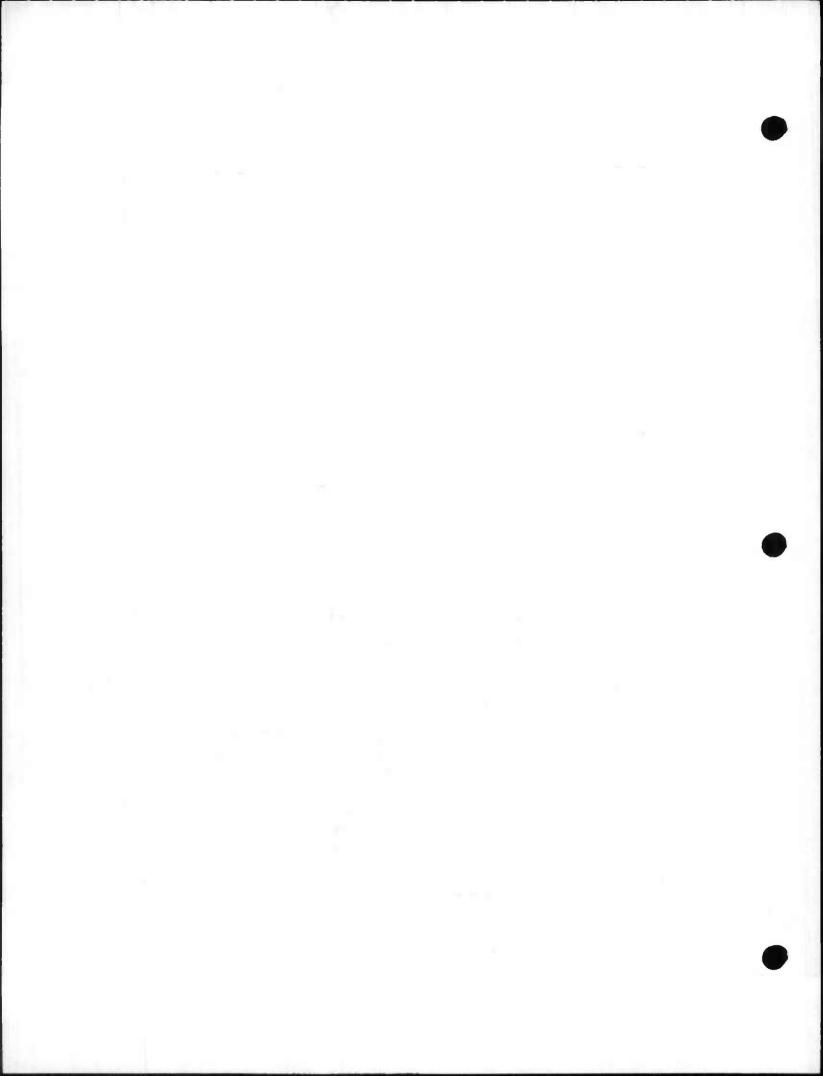
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1045 4/21 w 9 SE 2 30. NAME AND ADDRESS OR PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ur

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE	F DEATH	REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Lest) Edward	Rooseve	elt Pip	opin			AY YEAR 8 199			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH	8. BIF	ITHPLACE (State or Foreig		
- 1	228-05-2771	Ø M 2 □ F	79 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year)	Ma	rth Caroli		
	Se. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOV	N OR LOCATION OF D	<u> 5-30-1913</u> EATH	9c, COUNTY OF			
8	Francis Scott Key	Medical Co	nton	Rai	ctimore Ci	tu				
H	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		10c, CITY	Y, TOWN DR LO	CATION			10d. INSIDE CITY LIMITS?		
ੂ	Maryland	Baltimore			Du	ndalk		1 TES 2 XNO		
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
8	1927 Dundalk Avenu	16.				21222	Uni	ted States		
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 2 YES	U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes		ICE — American Indian, ack, White, etc.		
	. Later wanten s VC amminen	FORCES? 1 A YES			, specify Cuban, Mexico YES 2 X NO Specific			anthu .		
ВУ	3 Widowed 4 Divorced	Army 1936				,.		white		
	15. DECEDENT'S EDUCATK (Specify only highest grade com	ON pleted)	18a. DECEDENT'S			16b. KIND OF BUS	SINESS/INDUSTRY			
Ä		ollege (1-4 or 5+)	life. Do NOT us	e retired.)	most of working					
10	7th Grade		Electri	ician		Bethleh	em Stee	l Shipyara		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)			
ш	Edward Holly Pipp	in			Bertha	Jane Cros	S			
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str		Route Number, City or Tow				
5	Mrs. Alice Pippin					Dundalk,				
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal	20h	PLACE AND DATE O	OF DISPOSITION	(Name of		CATION - City or			
, V	1 🖒 Burlel 2 🗆 Cremetion 3 🗀 Removal 4 🗆 Donation 5 🗀 Other (Specify)	from State cem	etery, gremetory or of CAIL LAWY					re, Maryla		
	21. SIGNATURE OF FUNERAL SERVICE LICENS		-	22. NAM	AND ADDRESS OF FA		· · · ·	to contract		
	Mari S		7	Duc	la-Ruck Fu	neral Home	of Dun	dalk, Inc.		
	Wilgon 2	- Keen				enue Dund		21222		
	23. PART i. Enter the Aldeases, of com- shock, or heart failure. List	olications that caused	the death. Do n	ot enter the	mode of dying, suc	h aa cardiac or respi	ratory arrest,	Approximate interval Bet		
	IMMEDIATE CAUSE (Final	1/ /						Onset and I		
	disease or condition resulting in death)	DUE TOKOR AS A	nsion					12 40		
				7: 1	11 1			0 1		
Z	b	Gastro	ntest	hal	bleedne	7		13 da		
)II	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	7:/)				
2	cause. Enter UNDERLYING CAUSE (Disease or injury	Dowel	150	hemi	7			mont		
E	that initiated events resulting in death) LAST	A DUE TO (DR AS A	CONSEDUENCE OF	7:	15.	doseas				
CERTIFICATION	d	1110000	cerot	70	us cular	arseas	e	yea		
	PART II. Other aignificant conditions co	ntributing to death b	ut not resulting i	n the underl	ying cause given in	Part I. 24e. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINE		
EDICAL	1 0000	romyspath	,			PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CA		
		101	1			1 YES 2	NO	OF DEATH?		
M		<u> </u>						1 TYES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL				W 405 DE 551					
SICIAN	EXAMINER?	SPITAL:	No. of Land	OTHER:	. PLACE DF DEATH (C)	COLUMN TO THE REAL PROPERTY.				
ΗX	1 YES 2 NO 1)	Inpetient 2 ER/Outp		-	tome 5 🗆 Residence					
РНУ	1 Netural 5 Pending	(Month, Day, Year)	28b. TIMI INJ	URY	INJURY AT WORK?	28d. DEŞCRIBE HOW I	NJURY OCCURED			
ВУ	2 Accident Investigation	00- 01-05-07-07-07-07-07-07-07-07-07-07-07-07-07-	0.50		YES 2 NO					
0	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, ferm, s ify)	Rreet, factory, (ITTICO	28t. LOCATION (Street and City or Town, State)		Il Route Number,		
E										
MPL		To the best of my knowl	edge, death occurre	d at the time,	fata and place, and due	to the cause(a) and man	nner as stated.			
COM	2 MEDICAL EXAMINER: O	the basis of examination	and/or investigation	n, in my opinio	n, death occured at the	time, date and place, an	d due to the caus	e(s) and manner as stat		
ш	29b. SIGNATURE AND TITLE DE CENTIFIER	6)	A 1 1	1	29c. LICENSE NU	WBER	29d, DATE SIGN	ED (Mgnt)(, Day, Year)		
00	Sheat (1	Jan n.O.	Resident	physky	an J2126		D 4/1	8/93		
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)	19		-//	1		
	APR 23 1993	32. REGISTRAR'S SIGNA	ATURE		_					
- 1	HER CO 1993 CA	a Janes A.	J. 00							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hose	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st in field within 72 hours after death with the State Detri, of Health and Mental Hopiene prior to burial, cremation, or removal	MPORTANT: It liem 28 is marked or them 23 shows any injury or other traumatic event; the medical assembles assembled as another as
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31. DATÉ FILED (Month, Day, Your)

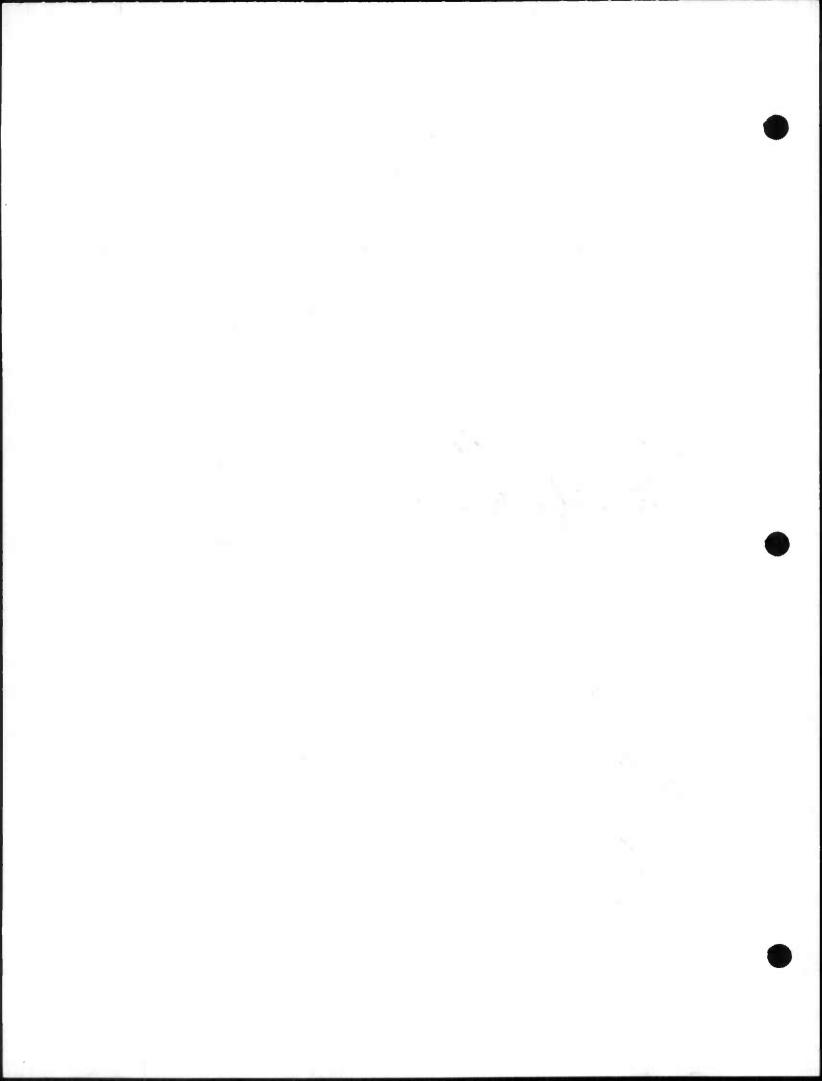
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32. REGISTRAR'S SIGNATURE

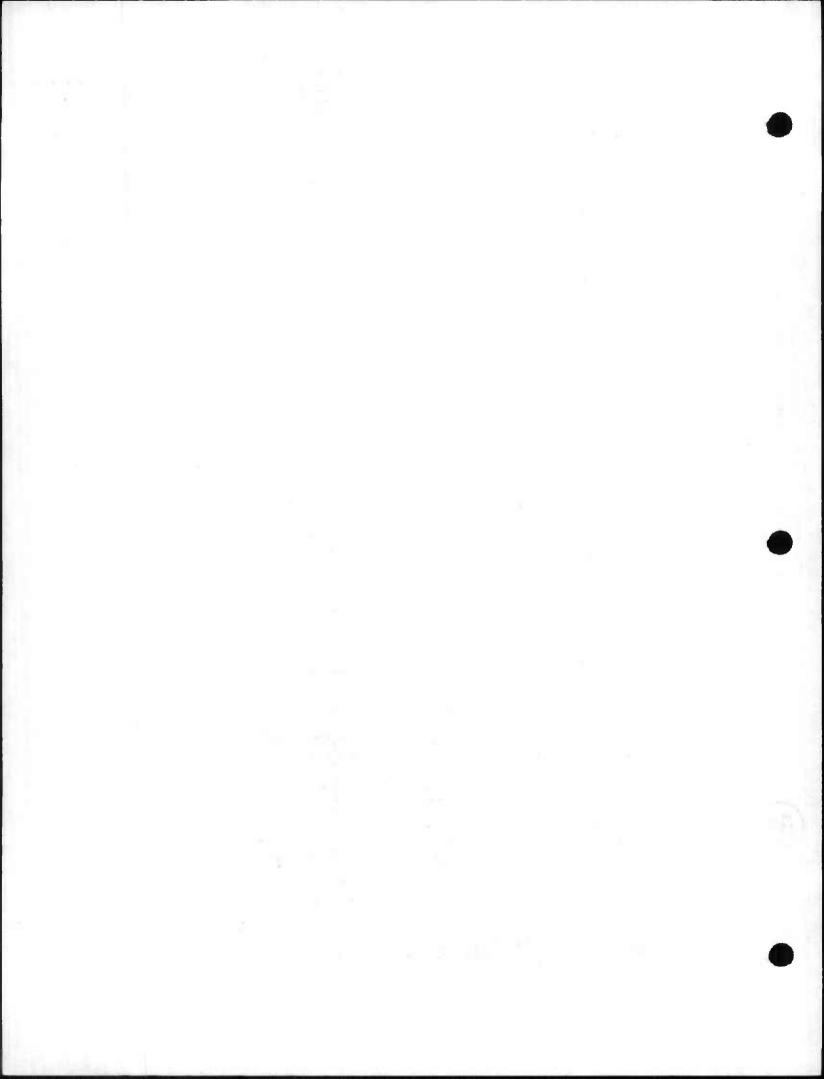
Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH DE AT	AND I	MENTAL H	YGIEN EG. NO.	e 9:	3	11740
	1. DECEDENT'S NAME (First, Middle, Last)						DLA		2. DATE OF D	LG. NO.	-		3. TIME OF DEATH
	Julia			Po	pko				Apr. 2	D.		YEAR	M. Time of Beating
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		-	R 1 YEAR	IF UNDER	24 HRS.				6. BIRTI	HPLACE (State or Foreign
	213-05-1125	1 🗆 M 2 💢 F	83	2 YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.0		011	Count	id.
. 1	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	Y, TOWN O	R LOCATIO	ON OF DE		0, 1		NTY OF D	
H	1027 Cathedral S			100	Balti					00.000		ZCAIII	
5	RESIDENCE OF DECEDENT					Jaili	IIIOT G			_			
DIRECTOR	10a, STATE 10b, COUNTY			10c. CIT Ba	y rown	or Locat	ION						10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	1027 Cathedral S	t.		-		101.	zip code 2120	1			10g. CIT US		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N		13.	. WAS DEC	cify Cuba	F HISPAN n, Mexican Specify	IIC ORIGIN? (Sp n, Puerto Rican,	ecify Yee , etc.)	or No—	Spec	E — American Indian, k, White, stc.
ED	15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT'S	USUAL C	OCCUPATIO	N		16b, KIND	OF BUS	SINESS/INC		111.00
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	(Gi	ive kind of a Do NOT us	work done	during mos	at of workin	g					
APL	Unknown			nces	sior	1 Sta	nd W	orke	r P	enn	Stat	ion	
O	17. FATNER'S NAME (First, Middle, Last)								ME (First, Middle			1011	
BE C	Knach							IInk	nown				
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street ar	nd Number		loute Number, C/	ty or Town	n, State, Zic	Code)	
10	Robert Popko								timore		M		21213
	20a. METHOD OF DISPOSITION 1 No Burial 2 Cremetion 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of cemetary, crematory or other place) HOLY ROSARY Cem. 20b. PLACEAND DATE 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State 20c. LOCATION - City or Town, State												
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	- ПОТ	y RO		NAME AN		S OF EAC	1	Ba	Itim	ore,	Md.
	David	1. m.	eben -						TITLE OF THE PERSON OF THE PER	40	1 S.	Che	ster St.
	23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) PUE TO (DAS) COMPRISING OFF.												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C											. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL												
2	EXAMINER?	HOSPITAL:			OTHE	R:	- 4		ck only one)				
448	1 YES 2 NO	1 Inpetient 2 I							0 Other (Spe				
	Netural 5 Pending	(Month, De		28b. TIMI INJ	URY M	28c. INJU WOF	HC?		28d. DESCRIBI	E HOW IN	IJURY OC	CURED	
ED BY	Accident Investigation Accident Investigation Accident Acci	28a. PLACE Of building,	FINJURY — At hor stc. (Specify)	me, farm, s	rm, street, factory, office 281. LO					LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER						eth occure	d at the t	lime, deta and p				i) end manner as statud.
296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 290. LICENSE NU									1/2	3/93			

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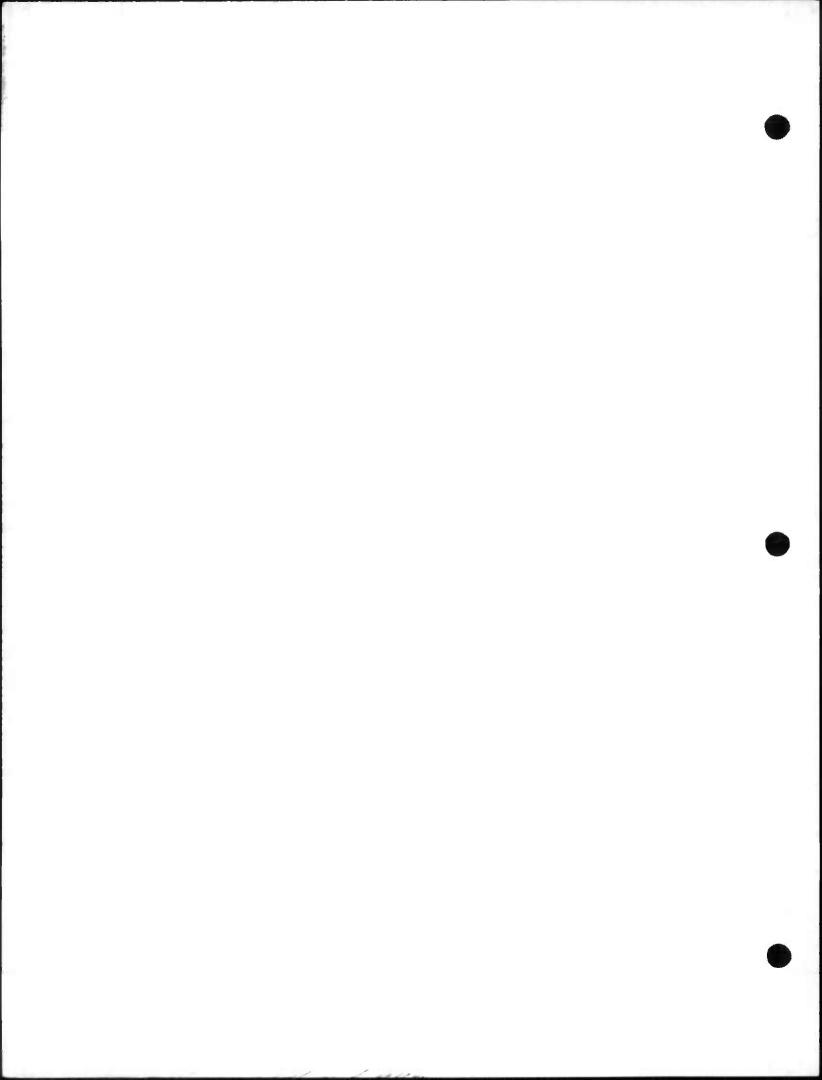


	1 - STATE REGISTRAR HELEI	N E.	STATE OF N		/ DEPAR ERTIF						REG. NO.	E	93	11/41
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME											. TIME OF OEATH		
	HELEN	Pisc	CÍTELL	TELLI					54	18		93	1036A M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. OATE OF (Month, E	Jay, Year)	/	Country)	
	169-50-91			86	YRS.						04/			Sylvavia
œ	9a. FACILITY NAME (If not instit		11 -	0.1				ON OF OE		- A- V		INTY OF OEA		
DIRECTOR	LEVINDALE RESIDENCE OF DECE	DENT	L(447 12 (L	44020	CEN	, Du	LTI	MOR	21	MAICH	J. Heri	Di	terion	OR CIM
H		IOD. COUNTY	′	-	10c. CITY, TOWN OR LOCATION					LIMITS?			Od. INSIDE CITY LIMITS?	
	MARYLAND	Bal	timore		BALTIMORE MARL					4 1-40	50			☐ YES 2 ☑ NO
FUNERAL	10e. STREET AND NUMBER		0 0		101. ZIP CODE 2 2 2 3 4								IZEN OF WH	AT COUNTRY?
N.	3121 ACT	DN	12. WAS DECEOEN	IT EVER IN U.S.						1		_		- American Indian
BY FU	1 Never Married 2 M 3 Widowed 4 Divorce	YES 2 N			f yes, spe	city Cuba		n, Puerto Ric		or No—	Black, Specify:	- American Indian, White, atc.		
ED	15. OECED (Specify only h	DENT'S EDU	CATION completed)	16a. (DECEDENT'S	USUAL O	CCUPATIO	N of working	202	16b. K	IND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elamentary/Secondary (0-1)		College (1-4 or 5	+)	life. Do NOT u	se retired.)	nece v	it of world			OWN F		- (16
MP	KXX		2 XXXXX	H	OMEM	AKE	a_			_		-	CXXXXX	XXXXX:
	17. FATHER'S NAME (First, Mide Stepher		cillo					16. MOT		ME (First, Mid		Wellis.		
B	19a. INFORMANT'S NAME (Typ		LILLA		19b. MAILING	ADDRESS	(Street a	nd Numbe		izabet				
2	Thomas Pisa	citel	l: -							Bm				21234
	20a, METHOD OF DISPOSITIO		and from Cont.	20b. PLAC	CE AND DAT	E OF DISP	OSITION	(Name		DATE	1		City or Town	
	4 Donation 5 Other (S	Specify)		St.	Agath	a Ce	mete	ry		4/22	N.	Sewi	cklev	Twp., PA
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	4 1	1	22.	NAME AN	D ADDRE	SS OF FA	CILITY				E, INC.
	Nua	ne	1. Kin	care	1					Rd.				
	23. PART I. Enter the dis- shock, or hes IMMEDIATE CAUSE (Fina disease or condition resulting in death)	art fallure.	a. Cong	use Dn each li	ne.						C or reap	ratory as	riout,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. ASCYD, OUE TO (OR AS A CONSEQUENCE OF): HYDENTENSIVE HOURT DISEASE DUE TO (OR AS A CONSEQUENCE OF): d.													
CAL	PART II. Other algnificant	t condition	na contributing to	death but no	th but not resulting in the underlying cause given in					Part I. 2	4a. WAS AN			WERE AUTOPSY FINDINGS
											YES 2			COMPLETION OF CAUSE OF DEATH?
ME													T YES 2 KNO	
N.														
ic C	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	Tenn and a	• 🗆 • • • •	OTHE	R:			neck only one)	I-SIE	-		
PHYSICIAN: MED	27. MANNER OF DEATH		28s. DATE O	FINJURY	28b, Til	WE OF	28c. INJ	URY AT	asidenca	6 Other (Specify)	NJURY O	CCURED	
ВУ Р	1 Natural 5 P	ending restigation		Day, Year)	IN.	JURY M		RK? PES 2 [□ NO	1				
COMPLETED B	3 Suicide 8 C	ould not be etarmined	28a. PLACE (building	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	tory, offic			28f. LOCAT City or	ION (Street Town, State)	and Numb	er or Rurel Ro	ute Number,
PLE	(Orrown orm)	FYING PHYS	ICIAN: To the best of	f my knowledge,	death occur	red at the	lime, deta	and place	e, and due	to the cause	(a) and ma	nner as at	eted.	
ON	one) 2 MEDIC	EXAMIN	ER: On the basis of	examination and/	or investigat	lon, in my (opinion, d	eath occu	red at the	time, data a	nd place, ar	nd dua to	the cause(a)	and manner as stated.
BE	295 SIGNATURE AND TITLE C	OF CERTIFIE	Halin	Ea	al	2	+	29c. LIC	ENSE NU	MBER 67C)	29d. DA	TE SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF			SE OF DEATH (I	TEM 27) (Typ	e, Print)			0		-1	1.0	,	11
	CITIZE		ticlo I	I , m		00	81	33	SF	TYPE	2 Hil	11 12	d b	alt, MD 21231
- (APR 23	31. DATE FILED (Month, Day, Year) 22. REGISTRAR'S SIGNATURE APR 2 3 1993 Fulia Savidson-Randolle												



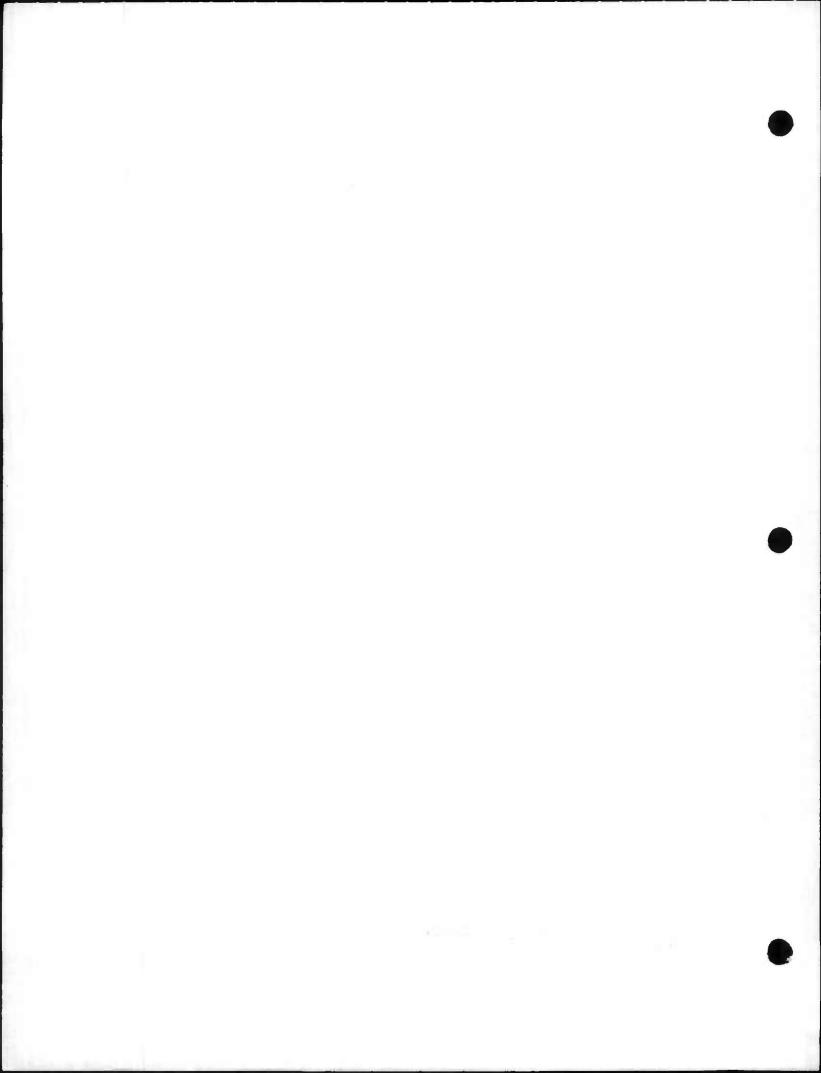
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTI				Ή	REG. NO.		3 T	TIME OF DEATH
	CYNTHIA 4. SOCIAL SECURITY NUMBER	7		1				19 19	93	EAR	11:30P
	568-88-7361	1 - M 2 F	GE (In yrs. lest birthday) 42 YRS.	MONTHS	DAYS	HOURS		DATE OF BIRTH (Mgrith, Day, Year)		Country)	ORIDA
Z, 3 should	Pa. FACILITY NAME (If not institution, give s	Curfer		96. CITY,	nown	RLOCATIO	ON OF DEATH		9c. COUNTY		
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CI	TY, TOWN C	OR LOCAT	ION				10d	INSIDE CITY
=	MARYLAND AN 100. STREET AND NUMBER	INE ARUNDI	EL	В		KLYN	PAR	K	10g. CITIZEN		YES 2 NO
	935 VICTORY AVE					212	225			.S.F	
1 1 1 1 1 1 1 1 1 1	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	VER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y YES 2 MO If yes, specify Cuban, Maxican, Puerto Rican, etc.)						or No.— 14.	RACE — A Black, Who Specify: WHI	20.00
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT' (Give kind al ille, Do NOT	S USUAL OG	CCUPATIO	N st of working	9	16b. KIND OF BUS	INESS/INDUS	TRY	
once. COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		SEWI				н	OMEMA	KER	
111 m	17. FATHER'S NAME (First, Middle, Lest) FRANK FLACK		16. MOTHER'S NAME (First, Middle, Malden NANCY GRAHA					Surname)			
된 달	19a. INFORMANT'S NAME (Type/Print) DEBRA A. VACEK							Number, City or Town		6.1	1225
xaminer must be	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE	OF DISPOS	ITION (Na	me of		OATE 20c. LOC	CATION — City	or Town, S	Stata
Iner II	4 ☐ Donation 5 ☐ Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIN	CENSES	METRO (22, 1	NAME AN	D ADDRES	S OF FACILIT	Υ	CONSV.		
= 6	Left d.	Sali- D	().	R	AYM 26	OND CRAI	C. F	INK FUNI	ERAL LEN B	HOME	; 21061
tal, cremation, or remove c event, the medical	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Sephe.	Shock AS A CONSEQUENCE C		the mod	de or dylr	ng, such aa	cerdiac or reapir	atory arreat		Approximate intervel Between Onset and Deati
injury, or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST b. PRELIMO NUE OUE TO (OR AS A CONSEQUENCE OF): C. ALCONO DUE TO (OR AS A CONSEQUENCE OF): d. HOUSE OF THE CONSEQUENCE OF):										
A	PART II. Other significant condition	s contributing to deet	h but not resulting	In the un	derlying	ceuse gi	Iven in Part	I. 24s, WAS AN A PERFORM	MED?	AWAJI	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?
23 snows any AN: MEDIC	25. WAS CASE REFERRED TO MEDICAL										YES 2 D NO
i, or item 23 s HYSICIAN:	EXAMINER?	HOSPITAL:	Outpetient 3 🗆 DOA	OTHER	1:		ATH (Check or	Other (Specify)			
s marked, o	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	Ir) IN	ME OF JURY M	26c. INJU WOF 1 Y	JRY AT RK? ES 2 _	28d	. DESCRIBE HOW IN	JURY OCCUR	ED	
m 28 Is ETED	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJI building, stc. (3	URY — At home, farm, Specify)	street, facto	ory, office		281.	LOCATION (Street ar City or Town, State)	nd Number or F	iural Route I	Number,
MPL MPL		CIAN: To the best of my ki	ation and/or investigati	on, in my of	pinion, de	eth occurs	d at the time,	date and placa, end		use(a) and	menner as stated.
be filed within IMPORTANT: TO BE CO	39b. SHOWAYURE AND TITLE OF CERTIFIES	D.				29c. LICEP 2.44	~ /6/4	+=52	29d. DATE SI	GNED (Mont	th, Day, Year)
3	110 101	32. REGISTRAR'S S	Harry (Type	Has by	1/2/	Bur	ter	1-52			
	APR 20 1993	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~									

	e buna-fransit permit, books 2, 3 amuld	BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 217-80-0319 9e. FACILITY NAME (If not institution, give Stella Maris Ho RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT Maryland 10e. STREET AND NUMBER 1100 Bolton St 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 2 Merried 3 Widowed 4 Divorced	street and number)	t. 7	YRS. MO 10c. CITY, TO 16	UNDER 1 YEAR NTHS DAYS DAYS OWN OR LOC.	OR LOCATION OF WSON ATION Baltin Of. ZIP CODE	S. 7. DEATH TO T C PANIC OF	RIGIN? (Specify Yes	9c. COUNT Bal	BIRTHPLA BIRTHPLA Country) Y OF DEATH LIMOY 100 15 N OF WHAT	d. INSIDE CITY LIMITS? YES 2 ND T COUNTRY?													
2121 al or atte	be detached for use as the at once.	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12) 1 O	UCATION le completed) College (1-4 or 5 +)	(Gi	CEDENT'S USI ve kind of work Do NOT use re	done during ri tired.)	orker	NAME (FI	Cater rst, Middle, Maiden:	ing (STRY	Black any													
Y L	at 0	BE C	Samuel '	Young					Ro	se P.	Harri	ic														
IAR	notified	TO B	19e. INFORMANT'S NAME (Type/Print)		196	. MAILING AD	DRESS (Street	end Number or Ru		Number, City or Town																
2 2	be no	-	Rose P. Reddin	ng	_ 1	100 B	oltor	ı St.,	Apt	. 716	Balto	o.,MI	21201													
ALTIMORE, death. Page 6 may b	or must b		20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Ren 4 Donation 3 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State	ON PLACEA	ND DATE OF D	isposition (P	ov. Inc	2.4/	23 Ba	ation — ch	y or Town, S	State MD													
F	ter oeam. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE LI	CENSELLA			Crem	ation	SOC	iety of	Md.	Τn	C													
BAI er dea	e		George E.	MacNabb			299	Freder	ick	Road F	alto	, III	D 21228													
50, within	Hygiene prior to burial, cremation, or remo or other traumatic event, the medica	SERTIFICATION	23. PART I. Enter the disease, Dr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (DR AS	A CONSED	IMM UENCE OF): Danc UENCE OF):	antar the m	De Fi	uch as	cardiec Dr respir	atory arres	t,	Approximate interval Between Onset and Death													
DS, the dea	Mental Injury.	O	PART ii. Other aignificant condition	na contributing to death	but not re	eaulting in th	ha underivir	ng cause given	in Part i	1. 24a. WAS AN /	VERCITIVE	24h WES	RE AUTOPSY FINDINGS													
L RECORE	lept. of Health and 23 shows any Ir	_ 11	_ 11	NN: MEDICAL	_ "	_ 11	_ 11	_ 11	_ 11	_ 11	_ 11	_ "	_ 11	_ 11	_ 1	25. WAS CASE REFERRED TO MEDICAL							PERFORI	MED?	CON OF I	MEAUTOPSY PHONOGS ILABLE PRIOR TO WPLETION OF CAUSE DEATH? YES 2 ND
VITAL	State D	SICIAN:	EXAMINER?	HOSPITAL:			THER:	LACE DF DEATH			Hospid	70														
FV	ag b	H X	27. MANNER OF DEATH	1 Inpetient 2 ER/Ou 28a. DATE DF INJURY	-	28b. TIME OF		me 5 Residen	1	The topology																
O \{	rke kitt	BY P	Natural 5 Pending Investigation	(Month, Day, Year)	·	INJURY	M 1 🗆	JURY AT ORK? YES 2 ND		DESCRIBE HOW IN																
DIVISION OR ATTENDING	hours after d	ETED	3 Suicide S Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	pecify)					LOCATION (Street at City or Town, State)			Number,													
HOSPITAL O		COMPL	2 MEDICAL EXAMINI	SICIAN: To the best of my kno ER: On the bests of examinati									I manner ea stated.													
置	be filed within 72 IMPORTANT: It	TO BE	296. SIGNATURE AND TITLE OF CENTIFIE	alexa	rd	40	14	D 2	7087		29d, DATE \$	IGNED (Mon	nth, Day, Year)													
		/	31. DATE FILED (Month, Day, Year)	nder, M.DS	tella			ice-Dula	aney	Valley	RdT	owson	21204													
	-	0	APR 2 3 1993	P. PEGISTAAR'S SIG	-Aland																					



TO THE HOSPITAL OR TO THE TO THE FUNERAL DIRECTED BE filed within 72 ho

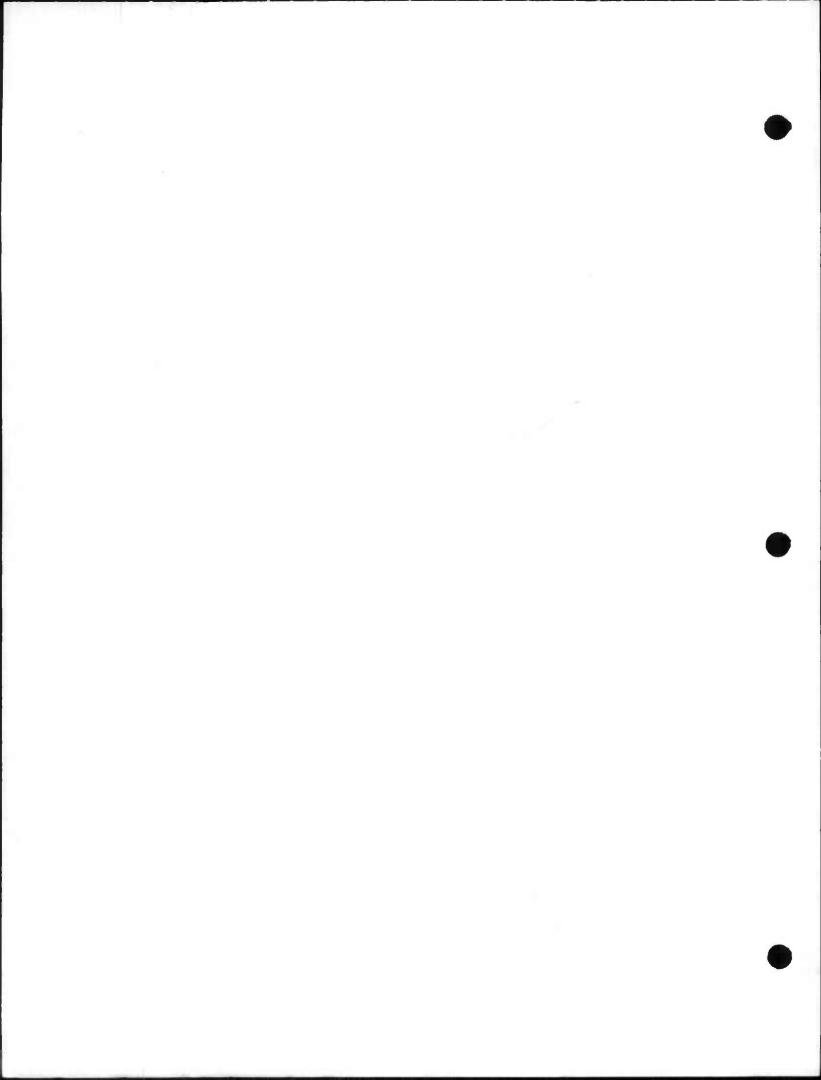
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTII	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	93 11/44						
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH						
		ARIE M. RATHGEBI		4 - 20 -	93 M						
		□ M 2 □XF 71 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) 11-14-21	8. BIRTHPLACE (State or Foreign Country) MARYLAND						
_	9a. FACILITY NAME (If not institution, give street	t and number)	9b. CITY, TOWN OR LOCATION OF D	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
рівестов	522 S. KENWOOD A	VENUE	BALTIMORE								
REC	10e. STATE 10b. COUNTY		ITY, TOWN OR LOCATION		10d, INSIDE CITY						
	MARYLAND 100. STREET AND NUMBER	B	ALTIMORE		1 YES 2 NO						
FUNERAL	S. KENWOOD AVEN	UE	101. ZIP CODE 21224	1 0	10g. CITIZEN OF WHAT COUNTRY?						
FUN		2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.)							
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 VES 2 NO Specif		14. RACE — American Indian, Black, White, etc. Specify: WHITE						
9	15. DECEDENT'S EDUCAT (Specify only highest grade col		S USUAL OCCUPATION If work done during most of working	16b. KIND OF BUSINES							
7		College (1-4 or 5+) HOMEM	use retired.)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	HOMEM		AME (First, Middle, Maiden Surns	ame)						
BE C	GEORGE SCHIFFERER MARIE KLEINER										
2	19a, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code)										
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State										
	1/\(\) Burlet 2 \(\) Cremation 3 \(\) Removel from State \(\) Constitution 5 \(\) Other (Specify) \(\) UAKLAWN CEMETERY \(\) 4-23BALTO. MD.										
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE/	KACZOROWSKI	FUNERAL H	OMF						
_	Chaimma Xo	Minude	2525 FLEET	ST. BALTO.	MD. 21224						
	23. PART I. Offer the diseases or con- hock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	UNG-	CANCE		ry arreat, Approximate Intervel Between Onset and Death						
2	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
S	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):										
H	that initiated events resulting in desth) LAST d										
AL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 246, WAS AN AUTOPSY PINORIUS										
ठू				PERFORMED:	7 AVAILABLE PRIOR TO COMPLETION OF CAUSE						
MEL					OF DEATH!						
AN:	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: MEDIC	EXAMINERT H	OSPITAL:	26. PLACE OF DEATH ON OTHER:	6 Charles (Specify)							
PHY	27. MANNER OF SEATH	286. DATE OF HOUSE / 286. TO	Annual Contract of the Contrac	28d. DESCRIBE HOW INJOH	у оссинео						
B	1	WHI	1 U YES 2 U NO	$\mathcal{N}_{\mathcal{I}}$	H						
ETED	3 Suicide & Could not are 4 Hoosicide determined	38s. PLACE OF BUNFITY At bloods farm, building, etc. (Sophy)	street, factory, office	28f. LOCATION (Street angle) City or lines, (Street)	United to Municipal Municipal Company						
COMPLETED	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner as stated. Check only one) DEDICAL EXAMINER On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end manner as stated.										
BE	Sec. SIGNATURE AND TITLE OF CERTIFIER	Tulices	29c. LICENSE NUI	4452 PMBER 4452 PM	J. DATE SIGNED (Morith, Ulay, Year)						
5	30 HARE AND ADDRESS OF PETISON WIND	relair h		ne KIDI	21206						
	APR 23 1993	2. Stolings Handall									



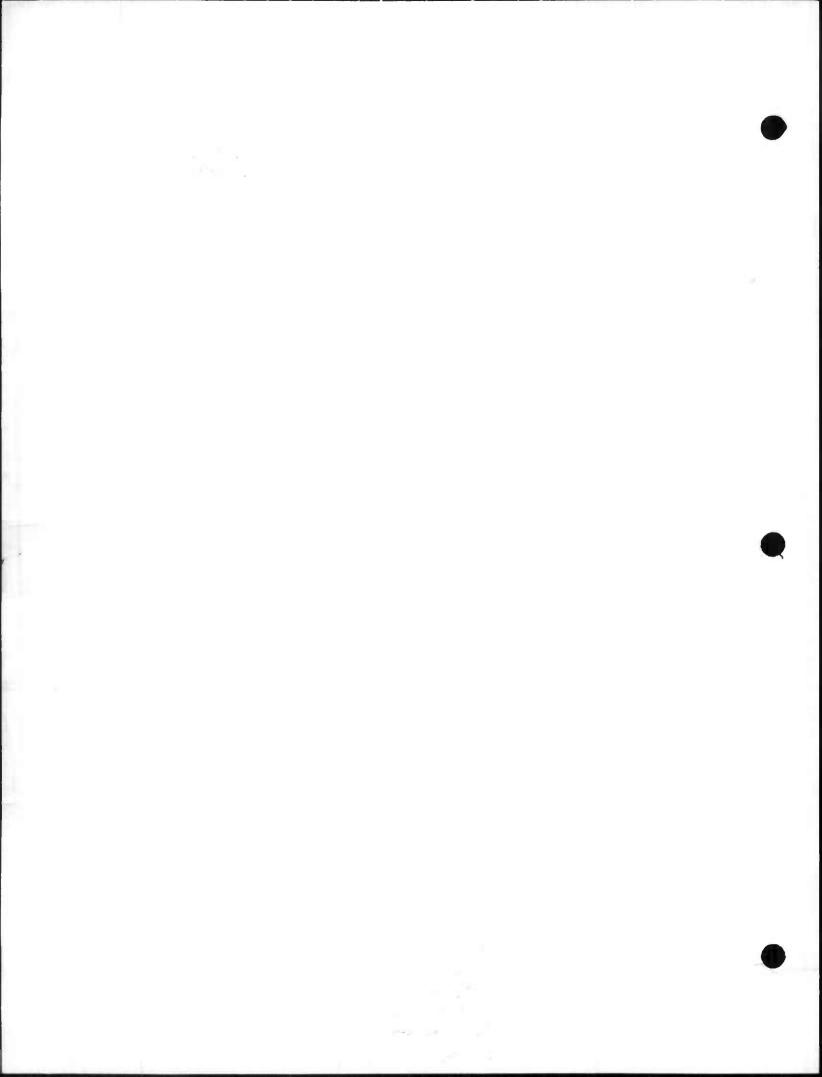
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		000	3. TIME OF DEATH	
	Carmin	Geriod	Rot	undo)		April 15	1993	YEAR	4 A.M. M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	a. BIRTH	PLACE (State or Foreign	
	214-18-9437	1 🔀 M 2 🗆 F		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 8, 1	022	Countr	arvland	
	9a. FACILITY NAME (If not institution, give :	street and number)		-	9b. CITY, TOWN O	R LOCATION OF DE	TED. O, .		TY OF D		
Œ											
DIRECTOR	4110 Ardley Ave. Baltimore										
H H	10a. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY	
	Maryland					Baltimo	re			LIMITS?	
AL	10e. STREET AND NUMBER	-			101	ZIP CODE		10g. CITI	ZEN OF W	/HAT COUNTRY?	
FUNERAL	4110 Ardley Ave					21213	3			. A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	ED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. RACE	- American Indian,	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	XYES 2 NO		1 TYES		n, Puerto Rican, etc.)		Speci	White, etc.	
										White	
COMPLETED	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	(G/vii	kind of wo	SUAL OCCUPATIO	N st of working	16b. KIND OF BU	SINESS/IND	USTRY		
Ä	Elementary/Secondary (0-12)	College (1-4 or 5	·) Iffe. D	NOT use	retired.)		G) 3	0			
M	na	na		ourb	Fitting		Stee]	Cor	ora	tion	
	17. FATHER'S NAME (First, Middle, Last)	1.					ME (First, Middle, Maiden				
Salvatore Rotundo Josephine DiMavio											
6	19a. INFORMANT'S NAME (Type/Print)	(0)					loute Number, City or Tow			0.5	
	Joseph Rotundo	(Son)					Baltimore	Md.	212	36	
	20a, METHOD OF DISPOSITION 1 Note: 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cemelory, crematory or other place) 20c. LOCATION — City or Town, State										
4 Donation 5 Other (Specify) Oaklawn Cemetery 4/19									more	e, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				D ADDRESS OF FA	eral Home				
	Juin V). <i>Z</i>						morra	M	21236	
	9705 Belair Road, Baltimore, Md. 21230 22 PART T. Enter the diseases, or complications that caused the deeth. Do not anter tha mode of dying, such as cerdiac or respiratory arrest, Approxi										
ahock, or haart fellure. List only one ceuse on each line.										Interval Between Onset and Death	
		m.,	Inhan	T	Lundra	1				Onset and Death	
	DUE TO (OR AS A CONSEQUENCE OF):										
z	Sequentially list conditions, Due to (or as a consequence or):										
CERTIFICATION	If any, leading to immediate	DUE TO	OR AS A CONSEOU	ENCE OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or injury	с									
# 1	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEOU	ENCE OF):							
H	Todating in datin Exist	d									
<u>ا</u> ب	PART II. Other algolificant condition	a contributing to	death but not res	ulting in	the underlying	cause given in	Pert I. 24a, WAS AN	AUTOPSY.	24b.	WERE AUTOPSY FINDINGS	
DICAL	Disbores, hy						PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		- inpiece		4100	70000		1 YES 2	NO		OF DEATH?	
: ME							— [1 TES 2 TO	
A	25. WAS CASE REFERRED TO MEDICAL				20.04	ACE OF DEITH MA					
25	EXAMINER?	HOSPITAL:	ER/Outpatient 3		OTHER:	ACE OF DEATH (Che					
PHYSICIAN:	27. MANNJER OF DEATH	28a. DATE OF		28b. TIME		5 Rasidenca	28d. DESCRIBE HOW II	HIIDY OCC	UDEO		
	1 Natural 5 Pending	(Month, De		INJUI	RY WOF		200. DESCRIBE NOW I	NONY OCC	UNED		
BY	2 Accident Investigation 3 Suicide e Could not be	28a, PLACE OF	F INJURY — At home	, farm, str		20 1 110	28f. LOCATION (Street a	red Number	or Dural D	outs Alumber	
윤	4 Homicide 8 Could not be determined	building,	etc. (Specify)		201, 1201019, 011102		City or Town, State)	ina Namber (or murai m	oute Number,	
9	29a. CERTIFIER 1 CERTIFYING BUYES	CIAN To the head of									
COMPLETED	(Check only one) 1 CERTIFYING PHYSI one) 2 MEDICAL EXAMINE	R: On the basis of a	my Knowledge, death	occurred	in my points at	and place, and due	to the cause(s) and man	iner as atate	d.		
			and an arrange may	vatigation,	in my opinion, ge	ann occured at the	ilme, data and placa, an	d dua to the	cause(s)	and menner as stated.	
						29c. LICENSE NUM	BER	DOL DATE	DIONED		
BE C	291. SIGNATURE AND TITLE OF CENTIFIES	1-00	1141	aC.		den 44 = =	(04)	290. DATE	SIGNED!	(Month, Day, Year)	
H	296. SIGNATURE AND TITLE OF CENTIFIER	De la	1/2 N	(D_		D403	110	▶ C	116	(Month, Day, Year)	
	298. SIGNATURE AND TITLE OF CERTIFIES 36. NAME AND ADDRESS OF PERSON WH					D403	100	> C	116	93	
H	30. NAME AND ADDRESS OF PERSON WH Dr. Harry Kapli	n, Franc	is Scott	Key,		D403	100	> C	116	93	
8	298. SIGNATURE AND TITLE OF CERTIFIES 36. NAME AND ADDRESS OF PERSON WH	n, Franc		Key,		D403	100	> C	116	93	



		_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO) .	
			1. DECEDENT'S NAME (First, Middle, Last	ROG	ersPhi:	lip V.	Rogers Sr.	2. DATE OF DEATH	DAY GYEA	3. TIME OF DEATH
_		ļ	20249112	5. SEX 6. AGE	In yrs fast birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BUILTH) (/	arvland
pinous		I	Se. FACILITY NAME (If not institution, give			96. CITY, TOWN	OR LOCATION OF DE	ATH /	9c. COUNTY O	
1, 2, 3	P		Anne Arundel I	Medical Cer	nter	Annapo	olis		Anne	Arundel
if. Pages 1,	DIRECTOR		MD 10a. STATE 10b. COUN	e Arundel	Sha	ady Sic	ation de			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL		100. STREET AND NUMBER 1102 John Stre	eet			01. ZIP CODE 20764		10g. CITIZEN C	DF WHAT COUNTRY?
8	J AM		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes, s	CENDENT OF HISPAN specify Cuben, Mexica is 2 NO Specify		6	RACE — American Indian, Black, White, etc. Specify: White
1215 r attend use as	ETED		15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT'S	USUAL OCCUPAT work done during n	TION nost of working	16b, KIND OF BI	USINESS/INDUSTR	m
MARYLAND 21215 retained by the hospital or attend 5 should be detached for use as	٦		Elementary/Secondary (0-12)	College (1-4 or 5+)	Laborator Co.	240 111 025	o Operat	O AAC	o. Fire	e Dept.
LAP the h			17. FATHER'S NAME (First, Middle, Last)	arburu Bogo	ar a			ME (First, Middle, Maide d L. NO1		
MARYL retained by 5 should be	B 8		William Leath	erbury Roge		G ADDRESS (Street		Route Number, City or To	100	•)
			Iris Carol Ro	gers				Shady Si		
BALTIMORE, after death. Page 6 may be by the funeral director, page smoval.	must be		20s. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State C6	b. PLACE AND DATE metery, crematory or Voodfie	other place)			ocation - city o	
ALTIMOR death. Page 6 ma	examiner r		21. SIGNATURE OF FUNERAL SERVICE		VODULTE.	22. NAME	AND ADDRESS OF FA	CILITY		
3AL.			* Talrick	4 Unill	h			neral Ho		
X 68760, B. secuted within 24 hours after in and completely filled in by the to burial, cremation, or removal	event, the		IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	low	le de la contraction de la con	ode of dying, suc	Laulin	piratory arrest,	Approximate Interval Between Onset and Death
, P.O. BOX eath certificate be attending physician ttal Hygiene prior t	or other tra		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE O	F):	Co	un		3 Nw
CORDS res that the igned by the ealth and M	shows any injury, : MEDICAL C		PART II. Other significant condition	ens contributing to death	but not resulting	In the underlyl	ng ceuse given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
law law	2 A		25. WAS CASE REFERRED TO MEDICAL		49	26.1	PLACE OF DEATH (Ch	ack only one)		
VITAL STAN: The law rithcate has the State Dept	or Item YSICI		EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER: 4 - Nursing Ho	me 5 🗆 Residence	6 Other (Specify)		
OF PHYSIC this ce with th	BY PHY	3	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
DIVISION OR ATTENDING F DIRECTOR: After thours after death	28 Is TED		3 Suicide 8 Could not be determined	28a, PLACE OF INJUR	Y — At home, farm, ocify)	street, factory, off	Ice	28f. LOCATION (Street City or Town, State		val Route Number,
DIVISI L OR ATTEN L DIRECTOR	Item 2		290. CERTIFIER (Check only	SICIAN: To the best of my know	wledge, death occur	red at the time, da	te end place, and due	to the cause(e) and ma	anner as stated.	
HOSPITAL FUNERAL within 72	COMPL			ER: On the basic of examination						se(s) and manner as stated.
TO THE H	PORT		SUN SIGNATURE AND TITLE OF CERTIFI	Def le	Aaw		29c. LICENSE NUA	1438	29d. DATE SIGN	V 193
10	F		SO, NAME AND ADDRESS OF FERSON W	HO COMPLETED CAUSE OF DE		6 NR(1) GELY /	tits # (2	O ANA	MOUSHID
			DPR 2 3 1993	32 REGISTRAR'S SIGN	NATURE AND A					2149



		1 - STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND N	MENTAL HYGIENE 93	11747
			suschling		2. DATE OF DEATH MONTH DAY	MEAB 3. TIME OF DEATH
2		4. SOCIAL SECURITY NUMBER 227-14-9924	1 M 2 RE YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7 29 / 2	BIRTHPLACE (State or Foreign Country)
2, 3 should	FOR	90. FACILITY NAME (If not Institution, give str	set and number)	96. CITY, TOWN OR LOCATION OF DE	100/	Y OF DEATH
Pages 1,	DIRECTOR	100. STATE 100. COUNTY	10c. CITY,	TOWN OF LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
(1)	FUNERAL	106. STREET AND NUMBER	n ARM ROAD	101. ZIP CODE 2105	10g. CITIZE	N OF WHAT COUNTRY?
5-0020 ding presides the busility	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexican 1 YES 2 NO Specify.	n, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify:
D 21215-002 pital or attending priced for use as the trace	PLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	Cotlege (1-4 or 5+) (Give kind of word fife. Do NOT use	ork done during most of working retired.)	16b. KIND OF BUSINESS/INDUS	ETHY
YLAND 2 by the hospital be detached fo at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		00.0	ME (First, Middle, Maiden Surname)	
MARYLAND 2. retained by the hospital of 5 should be detached for notified at once.	TO BE	19a. INFORMANT'S NAME (Type/Print)	M . A	ADDRESS (Street and Number or Rural R	OLS I JAH ANS	
ay be		20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remor	20b. PLACE AND DATE OF Cametery, crematory or other	per place)	DATE 20c. LOCATION — CH	y or Town, State
ALT death. e funera		21. SIGNATURE OF FUNERAL SERVICE LICE		22. NAME AND ADDRESS OF FACE EVANS CHAPLI 8500 HARF	DEMORIES	
760, ed within 24 hours aft completely filled in by ut, cremation, or remo event, the medica		23. PART I. Enter the diseases, or co	omplications that caused the death. Do not let only one cause on each line. Acute Pulmor Due to (or as a consequence of):	anter the mode of dying, such	as cardiac or respiratory arrea	Interval Batween Onset and Daeth
P.O. BOX 68 the certificate be executed the certificate be executed and Hygiene prior to bur or other traumatification.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			Years
RECORDS v requires that the copeen signed by the t. of Health and Me shows any Injun	MEDICAL	Digoxin Toxic	a contributing to death but not resulting in	tha undarlying cause given in F	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 (NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (NO
F VITAL I SICIAN: The law certificate has be the State Dept.	PHYSICIAN:			26. PLACE OF DEATH (Che		<u> </u>
ION OF VI NDING PHYSICIAN: R: After this certifica or death with the St Is marked, or It		27. MANNER OF DEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Day, Year) 26b. TIME (INJURY	4 Nursing Home 5 Residence (OF 26c. INJURY AT WORK? M 1 YES 2 NO	8 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCUP	RED
DIVISION OR ATTENDING I DIRECTOR: After hours after death tem 28 Is mai	ЕТЕР ВУ	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, lerm, stre building, etc. (Specify)		281. LOCATION (Street end Number or City or Town, State)	Rural Route Number,
DIVI TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2	COMPLETED		CIAN: To the best of my knowledge, death occurred R: On the basis of axamination end/or investigation,			
TO THE HI TO THE FL be filed wi	TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER A A A A A A A A A A A A A	1 MM	29c UCENSE NUM	()	IGNED (Marith, Day, Year)
٥		Alan Krasner	O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr.	Touson, MD	21204	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			

DIRECTOR
FUNERAL
COMPLETED BY
BE
2

1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN						
1. DECEDENT'S NAME (First, Middle, Let	"Snuffer "	Imma Virg	inia Snuffer	2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	- 0.0	3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER	1 □ M 2 X F 88	YRS. MONTH		7. DATE OF BIRTH Aug. 14 19	904	BIRTHPLACE (State or Foreign Country) Virginia				
Se. FACILITY NAME (If not institution, give street and number) Se. COUNTY OF DEATH Se. COUNTY OF DEATH Middle River RESIDENCE OF DECEDENT RESIDENCE OF DECEDENT										
10a. STATE 10b. COU	altimore	10c. CITY, TOW Ess	N OR LOCATION EX			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
1306 Eastern	Ave.		101. ZIP CODE 2]22]		10g. CITIZEN	OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES	2]C NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic: 1 YES 2 NO Specifi	n or No— 14.	RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION 16de completed) Coffee (1-4 or 8 +)	Ilfe. Do NOT use retire	ne during most of working	166, KIND OF BU	SINESS/INDUST	HY				
17. FATHER'B NAME (First, Middle, Last) Charles	F. Webster		18. MOTHER'S NA Hanna	ME (First, Middle, Melden h Garst	Surname)	1 196				
19e. INFORMANT'B NAME (Type/Print) Andrea Lynn Bowling 19b. Mailing Acoress (Street and Number or Rural Route Number, City or Town, State, Zip Code) 126 Laurel Valley Ct. Abingdon, MD 21009										
20a. METHOD OF DISPOSITION Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from State 20b. P	LACE AND OATE OF O	esposition (Name		Fallst					
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF F Bruzdzinski I 1407 Eastern	uneral Hom		MD 21221				
23. PART . Enter the diseases, ahock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one cause on each a. <u>Cardio Pula</u> DUE TO (OR AS A C	h lina.	arrest	ch as cerdlec or resp	iretory arrest	Approximate interval Between Onset and Dec				
Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Cerebry 145cular disease with multiple 5 trokes Due to (or as a consequence of): A spiration proumant 3 Due to (or as a consequence of): d. Hypertensum										
Dysphasia,	lone contributing to death but	not resulting in the	underlying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C							
1 YES 2 JAÑO 27. MANNER OF CEATH	1 Inpetient 2 ER/Outpeti	28b. TIME OF	Nursing Home 5 - Residence	6 ☐ Other (Specify) 26d. DE\$CRIBE HOW	INJURY OCCUR	ED				
1 Natural 5 Pending 2 Accident Investigation		INJURY N	WORK? 1 YES 2 NO							
3 Suicide 6 Could not)	isciory, onics	281. LOCATION (Street City or Town, State)	nural House Number,				
onel -	YSICIAN: To the best of my knowled					ause(a) and manner as stated.				
11/-/	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Moo 4. 21 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print). 8100 Harford Rd. Malt. Md. 21234									
Dr. Richand	WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Print) 1 00 I	Harford Rd.	Malt. Mo	1. 212	234				
APR 23 1993	Julia Davidson-Non	Line			665-44					

Year Trained men Alleman and the Tolera TT States and the and the second of the second o

YEAR

3. TIME OF DEATH

0935

Approximate Interval Between

Onset and Death

A. M

REG. NO.

2. DATE OF DEATH MONTH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	Constitution of the Consti
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MATTHEW L. SINGLETON MATTHEW 4- 21-3 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) HOURS 213-31-6764 DAYS 1 X M 2 - F YRS 10-12-90 Maryland for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2012 Portuagal St. Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Baltimore 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2012 Portuagal St. 21231 U.S.A. 24 nours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Marrie 1 YES 2 NO Specify Spec#y: White В 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Dependant detached n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) filled in by the funeral director, page 5 should be on, or removal. notified at Mark William Singleton Pearlmilla Ann Myers 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1701 W. Market St. Heffner Funeral Home York, Pa. 17404 pe 20a, METHOD OF DISPOSITION
1 🔀 Burlel 2 🗆 Cremation 3 🖫 Ramoval from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 29c. LOCATION - City or Town, State must Winterstown Cemetery 4-24 Winterstown, Pa. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, 1050 York Rd. Towson, Md. 21204 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final attending physician and completely fille intal Hyglene prior to burial, cremation, the disease or condition PNEUMONIA resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): CYTOMECALOVIRUS INFECTION CONGENITAL traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 has been signed by the atter Dept. of Health and Mental any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY PERFORMED? MENTAL RETARRATION /CEREBRAL 1 TYES 2 X NO OF OFATH? shows SEIZURES 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem r this certificate h h with the State [EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) HOME 5 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED marked, 1 Matural 5 Pending Investigation 1 YES 2 NO L DIRECTOR: After the hours after death w BY 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 28 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FUNERAL (IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 물물을 D 3683 MD ►4-21-93 long IM 223 2 MILE SCOTT PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Francis KEY MEDICAL CENTER BALTIMORE. 39 RECUSTRAR'S SIGNATURE

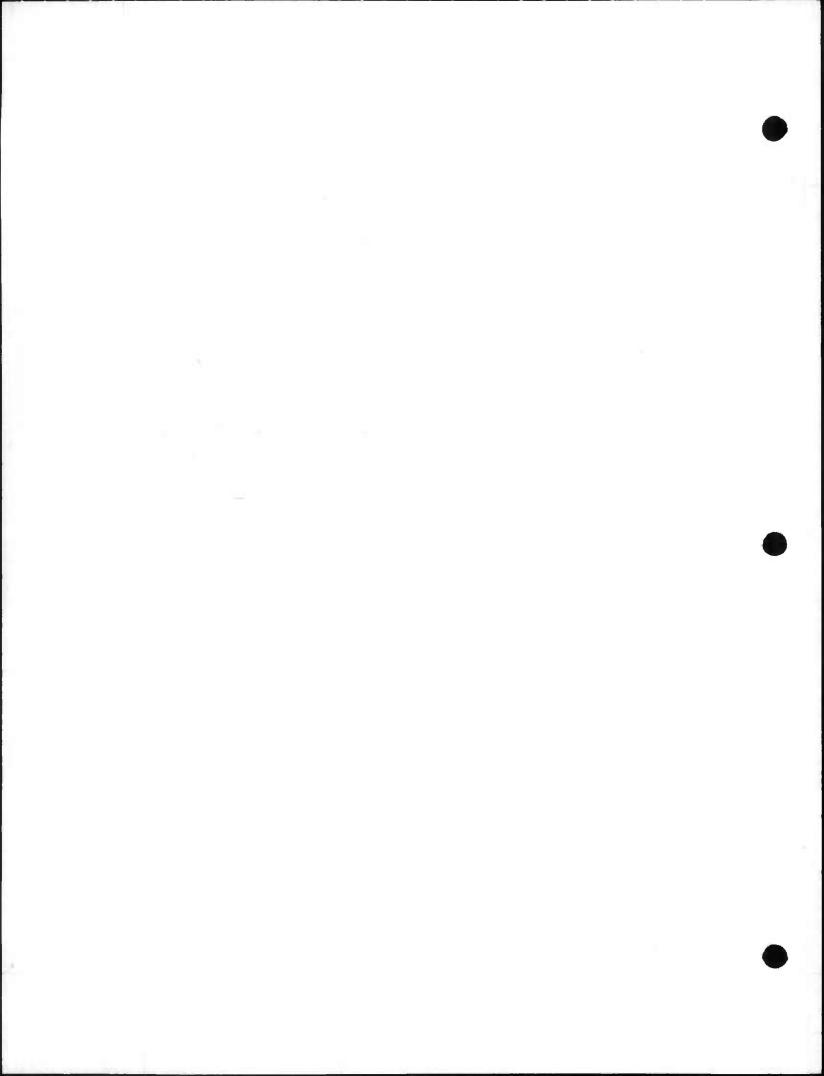
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



APR 23 199

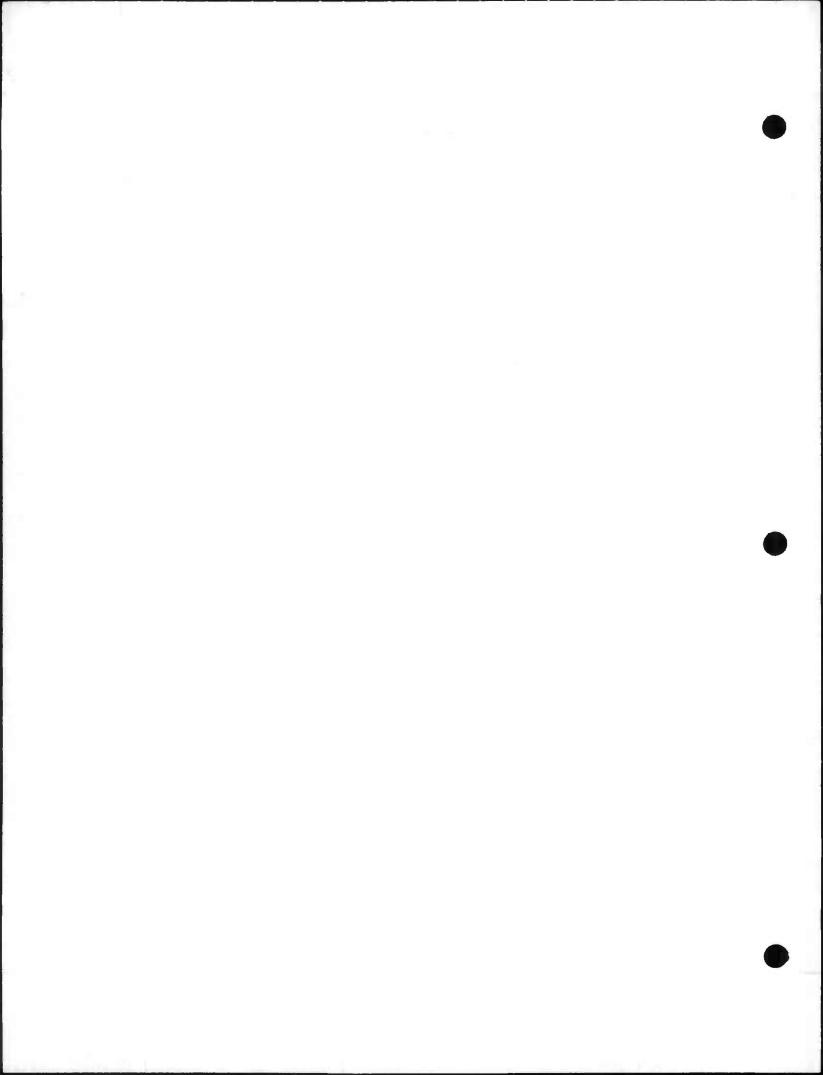
1993



BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permoval.	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGI
	REGISTRAR	CERTIFICATE OF DEATH	REG

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.												
į.	1. DECEDENT'S NAME (First, Middle, Last)		STOKE					-		OF DEATN			3. TIME OF DEATH
	YVONNE	FORESTER STOKEN							Apr			YEAR	11:30P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH h, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
1	404 38 3191	1 - M 2 - F	60	YRS.	MONTHS	DAYS	HOURS	MIN.	2-10	33	:	Kent	ucky
4	9a. FACILITY NAME (If not institution, give st	reet and number)					R LOCATI		ATH		9c. COUN		
0	519 Greenway SE				Gle:	n Bu	rnie				Anne	Arı	undel Co
띮	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CIT	Y. TOWN (OR LOCAT	TON	_				T	10d. INSIDE CITY
DIRECTOR	Maryland Anne	Arundel	County		len								LIMITS?
	10s. STREET AND NUMBER 10f. ZIP CODE 10g.							10a, CITIZ	EN OF W	HAT COUNTRY?			
EB	519 Greenway Si	519 Greenway SE					21	061				USA	
FUNERAL	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR											14. RACE	- American Indian,
BY F	1 Never Married 2 Married FORCES? 1 YES 2 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE:			TES 1 YES 2 NO Specify.						Specify:			v:
				no									White
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	1		work done	JSUAL OCCUPATION 18b. KIND OF BI						JSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		DO 1101 B	оо госкои. ј				H	Iomemak	er		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						10 MOT	JED'O NA	ME (El-)	Middle, Maiden	Cumamal		
Ü U		Forester					- A		Nant		Surname)		
00	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADORESS	S (Street a			_	ber, City or Town	n. State. Zio	Code)	
2	R. W. Forester									ie,MD			
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remo	THE WORLD		E AND DATE	OFDISPOS	SITION (Na			DAT		CATION — C		en, Stata
	4 Denetles 5 Denet (Specify)		cemetery, c	rematory or o	ther place)				1				
	21. SIGNATURE OF FUNERAL SERVICE LICE	Donal								State			Board
	maudill	Mall	4/	21/93	65	5W.B	alti	more	St,	Balto,	MD 21	201	
	23. PART i. Enter the diseases, or c	omplications that	caused the c	death. Do	not enter	the mo	de of dyl	ing, suc	h as care	flac or respi	ratory arre	st,	Approximate
	shock, or heart fallure. I	List only one caus	e on each lif	251	-								Onset and Death
	disease or condition and Lung Cancer												
	DUE TO (OR AS A CONSEQUENCE OF):												
NO	Sequentially list conditions,												
ATI	thany, leading to immediate cause. Enter UNDERLYING												
임	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONS	EOUENCE O	F):								-
CERTIFICATION	resulting in death) LAST				,								
CAL											WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
						_	1 U YES 2 NO COMPLETION OF CA			COMPLETION OF CAUSE OF DEATH?			
Σ									- 1				1 TYES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL					00 01							
S	EXAMINER?	HOSPITAL:	ED/O-14-41-4	• 🗆 • • •	OTHER	R:	ACE OF D						
H	27. MANNER OF DEATN	26a. DATE OF I		28b. TIM		28c. INJ	5 HR	sidence		CRIBE NOW II	NJURY OCC	IBED	
	Netural 5 Pending	(Month, Day	y, Ybar)	IN.	IURY M	WO	RK?] NO					
2 Accident Investigation 28e PLACE OF IN HIDY At home from stead forters attick							281. LOCATION (Street and Number or Flural Route Number,						
3 Suicide 6 Could not be determined building, stc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the state of th								City or Town, State)					
1	29a. CERTIFIER (Check only	CIAN: To the best of r	ny knowledge, o	death occurr	ed at the I	lme, deta	and place.	and due	to the cau	se(a) and man	I manner as stated,		
W													
	296. SIGNATURE AND TITLE OF CERTIFIER	Gar.						NSE NUM					(Month, Day, Year)
BE	mayer &	orbat	-	IM &	7.		0		93	8	> 4	4/1	7/93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type	Print)				1	O		((./ (3
DR.MAYER GORBATY 95 Aquahart Rd #203, Glen Burnie, MD 21061													
	31. DATE APR 23 1983	22, MEGISTHAR	SHIPTARDIE OF										



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TO THE FLORATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLAERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Ilem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	500								9	3	11/51		
	1 - STATE REGISTRAR	STATE OF M			TMENT OF I			MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH			3. TIME OF DEATN		
		Ella	Virgin	ia	Schul	tz		4 21		993	м		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHE	PLACE (State or Foreign		
	232-09-9735	1 🗆 M 2 💢 F	79	YRS.			24	4-27-1913	3		t Virginia		
OR	9a. FACILITY NAME (If not Institution, give street and number) 7826 West Collingham Drive Apt					96. CITY, TOWN OR LOCATION OF DEATH Dundalk					sc. COUNTY OF DEATH Baltimore		
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		40 01										
DIRECTOR	Maryland Baltimore				Y, TOWN OR LOCA	ION	n,	ındalk			10d. INSIDE CITY LIMITS?		
ایا	10e. STREET AND NUMBER	sacranorce				f. ZIP CODI		muuck		1 YES 2 NO			
A.	7826 West Colli	naham Dri	10 Ant	C	"	i. Zir. CODi		21222	10g. C1112				
2	11. MARITAL STATUS	12. WAS DECEDENT									ted States		
BY FUNERAL	1 Never Merried 2 Married FORCES? 1 YES 2 3 Widowed 4 Diverced FYES, GIVE WAR OR DATES			RMED NO 13. WAS DECENDENT OF NISPANIC If yes, specify Cuban, Maxican, 1 YES 2 [X] NO Specify:				n, Puerto Rican, etc.) Black,			- American Indian, White, etc.		
8	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a, DEC	EDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BUS	BUSINESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	100	Do NOT us	work done during mo se retired.)	st of workin	ng						
MP.	1 Year A				embly L	ine		West	tern	Elec	tric		
00	17. FATNER'S NAME (First, Middle, Last)					4		ME (First, Middle, Maiden :	Surname)				
BE	Hayward D. Skidmore Lela V. Poling												
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bonita H. Olshinsky 5 German Hill Road Dundalk, Maryland 21222												
	200. METNOD OF DISPOSITION	isky	Tanana a				ad						
	20s. METNOD OF DISPOSITION 10. Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Pother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EARLY X												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			AL. HOME A	AD WOOLE	33 OF PA	MLI I I			•		
	A rear	E. Veen	/		Vuad	l-Kuc	R tu	neral Home	061	Dundo	ulk, Inc.		
23 PART I. Enter the diseases or complications that caused the death Do not enter the missing with a supplier than the caused the death Do not enter the missing with a supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the death Do not enter the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the supplier than the caused the caused the supplier than the caused the								ratory arm	MACLE	Approximate			
	shock, or heart Tailure. List only one clause on each line. IMMEDIATE CAUSE (Fine) Approximate interval Between Onset and Death												
	disease or condition resulting in death)	· (A	cc, 1%.	N	Fact	une	2	_			1-Zyels		
	DIFE TO (OR AN A CONSEQUENCE OF):												
N	Sequentielly list conditions,												
Ā	if any, leading to immediate cause. Enter UNDERLYING												
윤	CAUSE (Disease or injury	SE (Disease or Injury											
Sequenticity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										İ			
2											1		
¥	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PROPRIED? ANALABLE PRIOR TO												
MEDICAL	- Cogració	- ging	1. gra	19	1000	1. 1	8.h	1 T YES 2	1		COMPLETION OF CAUSE OF DEATH?		
M	Don ou	man c	eys of	way	ely,	mer	cequ	0	6	3	YES 2 NO		
25. WAS CASE INFERRED TO MEDICAL EXAMINER? 1 VSS 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Other (Specify Month) Doy, New) 28. PLACE OF DEATH (Check only one) 29. DATE OF MAJURY 29. DATE OF INJURY AT WORK? WORK? Accident Investigation Investigation (Month Day, New) 29. DATE OF INJURY AT WORK? 29. DATE OF INJURY AT UNITED TO MEDICAL 29. DA													
							EATH (Chi	(Check only one)					
							WORKY						
							28f. LOCATION //Ipped at	191. LOCATION /Speed and Number or Flural Route Number:					
	4 Homicide 8 Gould not be determined	building, e	te. (Specify)				City or There, State)						
٦	29a. CERTIFIER (Check only) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.												
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
E C	29b. SIGNATURE AND TITLE OF CERTIFIES			-			NSE NUM		29d. DATE	-	Month, One Year)		
ω	Meodere	1/1/4	ruh	de	4)	7	0	07517	DATE	4/2	3/92		
유	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH OVEN	27) /Eme	(Circl)	- 1/	V !	10/1		//	10		

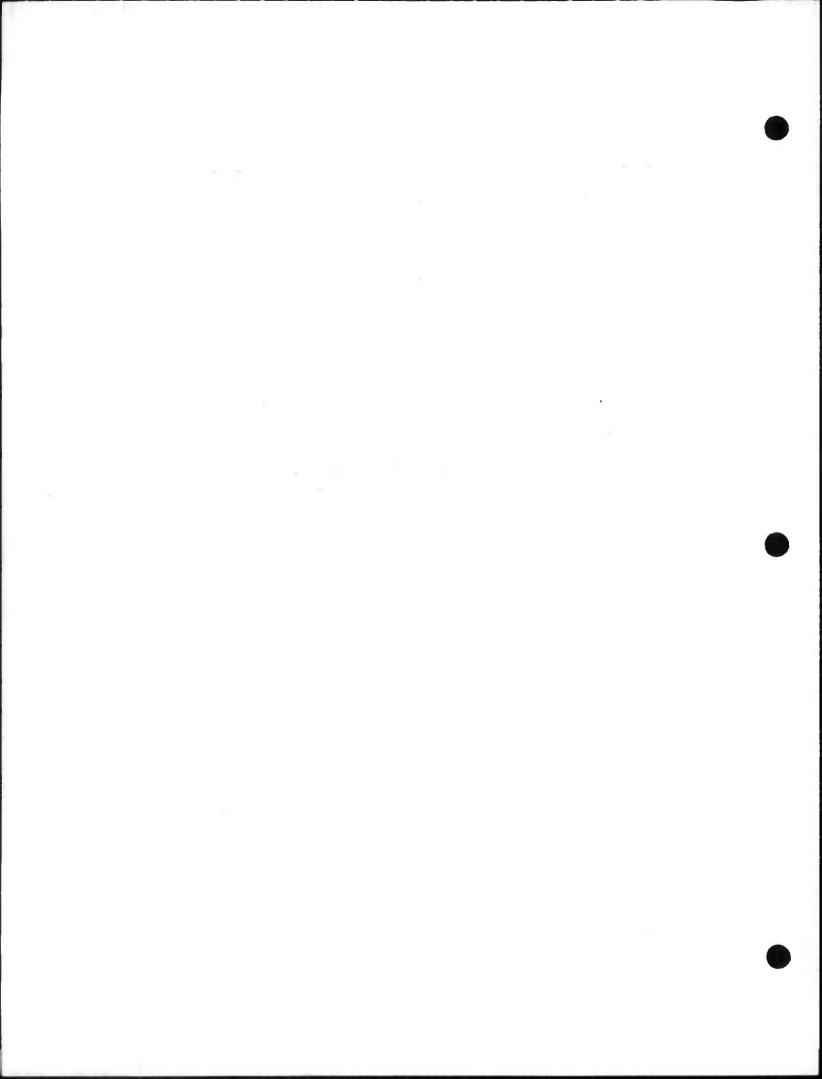
Cherter

WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Frint)

12 PEGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
APR 23 1993

DHMH-16 Rev 1/89



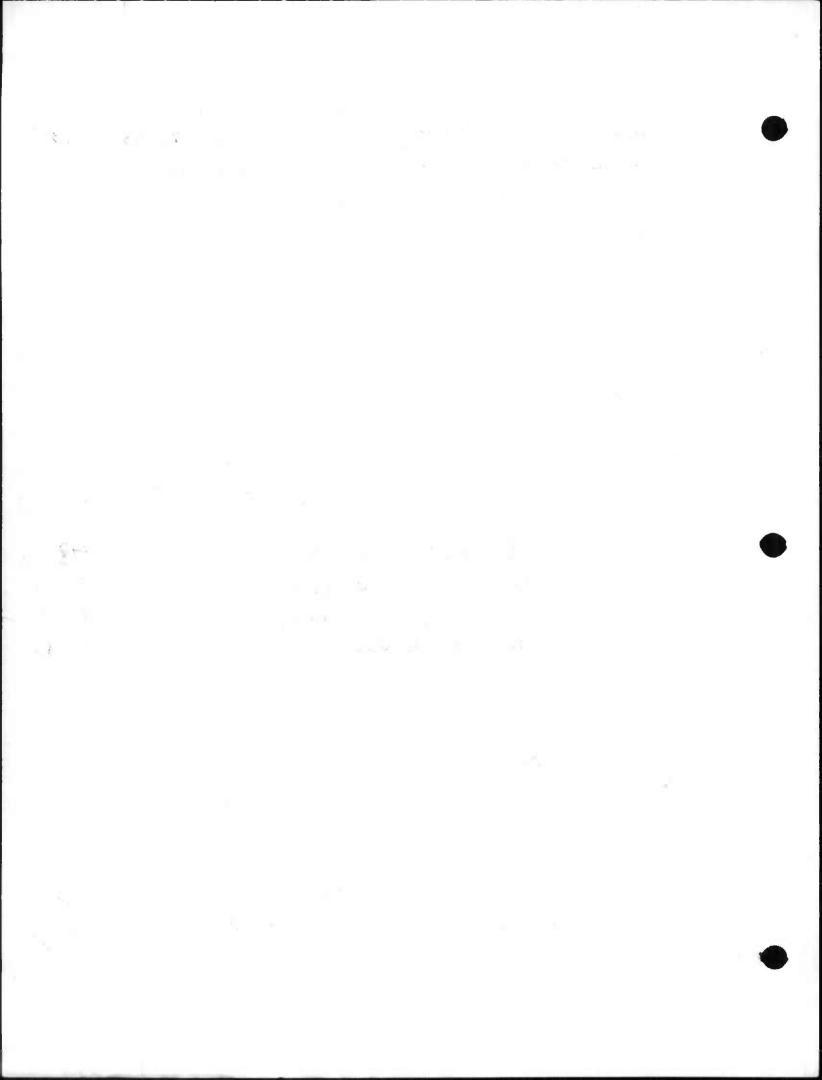
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2× nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-marks nermin persect 2 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT History 28 is marked as literal 22 shakes and inferror on other treasmosts assembly as another assembly as another as another assembly as another as another assembly as another assembly as another as another assembly as another as a second as a seco

		93 11752								
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH									
	1. DECEDENT'S NAME (First, Middle, Last)	REG. NO. 2. DATE OF OEATH MONTH A DAY YEAR 3. TIME OF OEATH								
	HOWARD SMITH SR,	04 20 93 3:13 Pm								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (IN yrs. lest blefidey) F UNDER 1 YEAR F UNDER 24 HRS. VRS. MONTHS DAY'S HOURS MINI.	7. DATE OF BIRTH (Month, Day, Year) 1-11-1922 8. BIRTHPLACE (State or Foreign Country) Ar K								
_	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF I									
Ę,	DINAI HOSPHAI Baltimore	Baltimore City								
DIRECTOR	10a. STATE 10b. COUNTY . 10c. CITY, TOWN DR LOCATION	10d. INSIDE CITY LIMITS?								
	Md Baltimere City Baltimere 12 100. STREET AND NUMBER 100. CITIZEN DF WHAT COUNTRY?									
FUNERAL	4219 Pimlico Road 21215 U.S.									
	1 Never Married 2 Married PORCES? 1 No If yes, specify Cuben, Mexic									
Э ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR, DATES 1 YES 2 NO Spec	specity: Black								
ETE	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secggdary (0-12) College (1-4 or 5 +) 16a. OECEDENT'S USUAL OCCUPATION (Give lain d work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	8 Laborer	American Stundard								
F	17. FATHER'S NAME (First, Middle, Last) Fred Sm. Hh	AME (First, Middle, Malden Surname)								
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street agel Number or flural Route Number, City or Town, State, Zip Code)									
1 20	Rosetta Smith 2031 Beach wood Ave. Balto., Md. 21207									
	Surles 2 Cremation 3 Removal from State cemetery, cremetery or other place) Balto, Nat, 4.26-93 Balto, Md.									
examiner must be	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22, NAME AND ADDRESS OF F	TILLIAMS E.S. 270 Fredhilton								
	Gary P. March F.H. P.A) Pass Batto, MI									
	23. PART I. Enter the diseases, or complicatione thet caused the death. Do not enter the mode of dying, such as cardiec or reepiretory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel									
i, ille	disease or condition to see the see of conditions to see the see of conditions to see	open and poeth								
200	Gastointstrul Hemorrhaac Sdays									
ATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
FICA	CAUSE (Disease or injury C. Peptic Vicer Disease	*months								
ERTIFICATION	that initiated events resulting in deeth) LAST d. ACONSEQUENCE OF): ADVSE	Years								
E O	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
PHYSICIAN: MEDICAL	PERFORMEO? AVAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?									
: MEDICAL C	1 U YES 2 NO									
ICIAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one)									
YSIC	HOSPITAL: VES 2 ND OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)									
5	27. MANNER OF DEATH 28c. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? M 1 YES 2 ND	28d. OESCRIBE HOW INJURY OCCURED								
ED B	2 Accident Investigation 3 Suicide 8 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
PLE	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.									
COM	one) 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(s) and manner se stated.									
TO BE	296. SIGNATURE AND TITLE DF CERTIFIER 7 Selection MD House Staff physician 29d. DATE SIGNED (Month, Day, Year) 4 / 20 / 3									
	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF GEATH (ITEM 27) (TYPO, PRINT) FS PERE S MD. SINAI HOSP.	ITAL of Baltimore.								

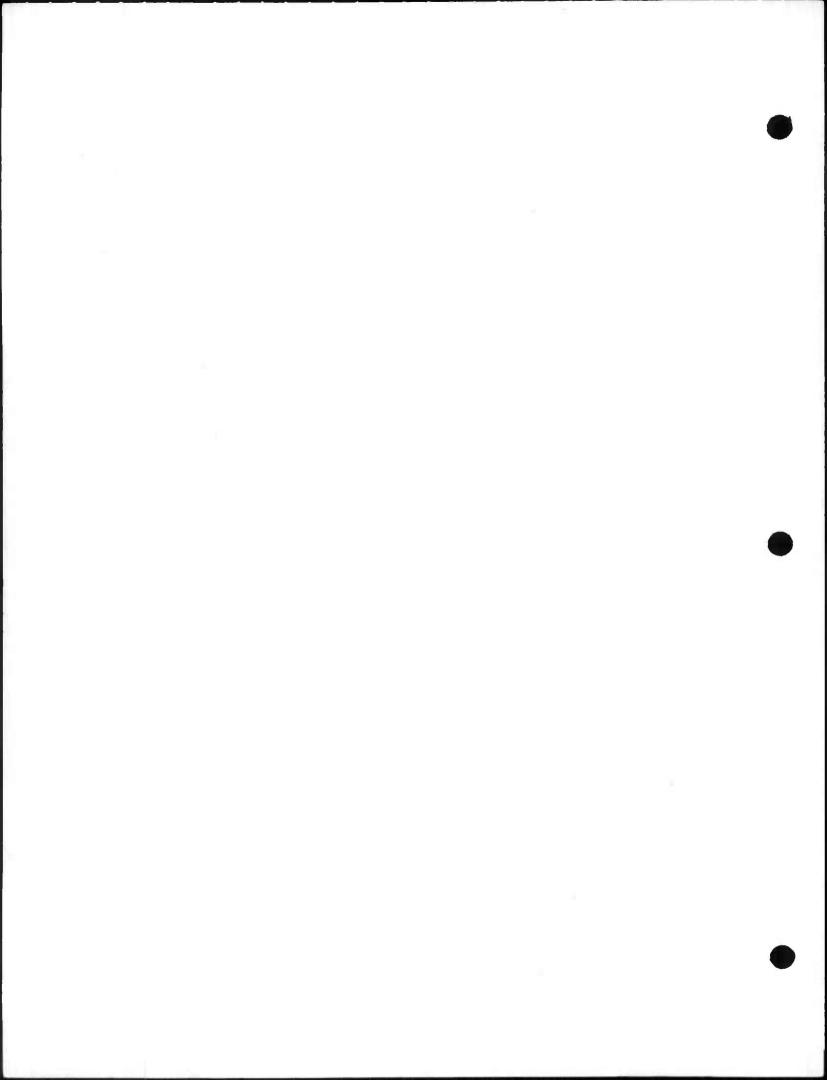


31. DATE FILED (MONTH, Day, Year)
APR 23 1993



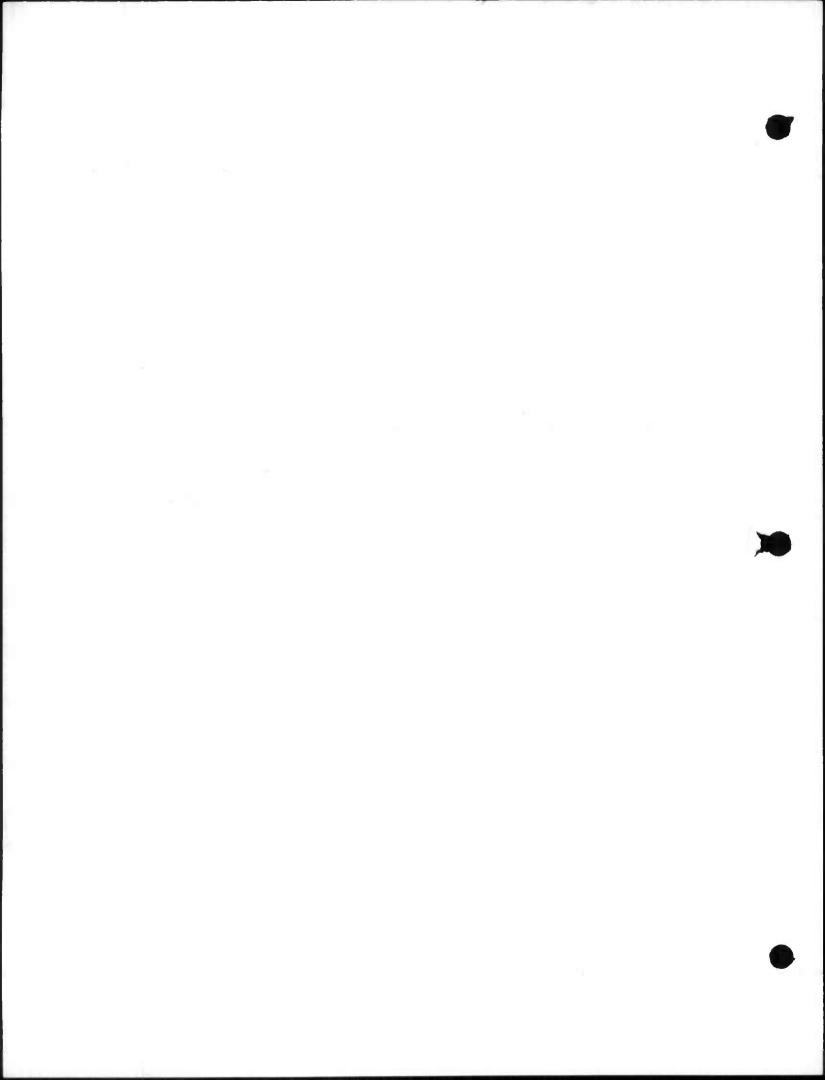
		1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	MENT OF H	HEALTH AND	MENT	AL HYGIEN					
	7	1. OECEDENT'S NAME (First, Middle, Last)					2. DAT	TE OF DEATH	MY	YEAR 3	. TIME	OF OEATH	_
		WILLIAM	R.	SCHV	VING			4 2			1:1	13 A	1 N
		4. SOCIAL SECURITY NUMBER 220-36-6344	5. SEX 6. AGE (III	n yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	TE OF BIRTH onth, Day, Year)		Country)		itate or Foreig	n
3 should		9a. FACILITY NAME (If not institution, give si			9b. CITY, TOWN (OR LOCATION OF E		. 30,	9c. COUNT	Mar		na	_
2, 3 8	DIRECTOR	JOHNS HOPKINS H	HOSPITAL		BALTIN								
(3)	REC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TION				1		IDE CITY	
(\$)		Maryland			BAI	TIMORE				1	_	S 2 NO)
*	RAL	10e. STREET AND NUMBER			101	. ZIP CODE			EN OF WH	AT COU	INTRY?		
trans	FUNER	724 N. STREEPER S				21205	- V		U. S		_		
21215-0020 al or attending physician. for use as the burial-transit	BY FL	Never Merried 2 ☐ Merried	FORCES? 1XXYES IF YES, GIVE WAR OR DA	2 NO	13. WAS OEC	ANIC ORIGIN? (Specify Yea or No— la. RACE — Black, W Specify: Specify:				White, e	rtc.		
as the		3 Widowed 4 Divorced	PEACE								WH	TTE	
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		Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A	ELECTRI				DIVIS	ON OF	' COR	REC	TION	
YLAND Sy the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First	, Middle, Meiden	Sumeme)				
A VL	BE (JOSEPH W. SCHWING		JOSE	PHIN	E SHOUL	3						
MARYLAND retained by the hospit should be detached notified at once.	0	19e. INFORMANT'S NAME (Type/Print)	(0)		mber, City or Tow								
y be ny be n		LOUISE KULAKOWSKI				AVE.,							
FOR E 6 ma rector, p		20a, METHOD OF DISPOSITION 1/ Puriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	PLACE AND DATE OF			4/		VINGS			MD.	
ALTIN death. Pag e funeral di l. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	LYSEE		22. NAME AN	D ADDRESS OF F	ACILITY	T HOME					
BALT after death, by the funeral moval. cal examin		Millery				BREHMS :			MORE.	MD.	21	213	
50, within 24 hours at pletely filled in by cremation, or removent, the medical control of		23. PART I. Enter the diseasea, or cahock, or heert fallure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that ceused lat only one cause on ea	ch line.		de of dying, su					Inte	proximate ervel Betw set and De	reen
P.O. BOX 68 The certificate be executed in the physician and Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		CONSEQUENCE OF):									
Q # # ₽ =	7	PART II. Other algnificent conditions	contributing to deeth bu	t not resulting in	the underlying	cause given in	Part I.	24a. WAS AN PERFOR		A	WAIL ABL	TOPSY FINDI	
VI	MEDIC							1 TYES 2	NO	D	F DEATH		HE
- 5 0 E										'	_ YES	3 2 NO	
ITAL V: The law cate has t State Dept item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF OEATH (C	heck only o	one)					_
VIAN:	SIC	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 GyER/Outpar		OTHER:	e 5 🗆 Residence	a 🗆 Oth	er (Specify)					
HYSIC his se with th	РНУ	27. MANNER OF OEATH Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		URY AT RK?	28d. DE	ESCRIBE HOW II	NJURY OCCU	RED			
NG PHYS frer this ceath with	B	1 Netural 5 Pending 2 Accident Investigation				rES 2 NO							
DIVISION OF VI OR ATTENDING PHYSICIAN: DIRECTOR: After this certifica hours after death with the Si Item 28 is marked, or it	ETED	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, str y)	eet, factory, office		26f. LO C/t	CATION (Street e y or Town, State)	net and Number or Rural Route Number, ate)				
OB OB OB OB OB OB OB OB OB OB OB OB OB O	PLE		IAN: To the best of my knowle										
HOSPITAL FUNERAL WITHIN 72 TANT: If	COMPL	2 MEDICAL EXAMINER	: On the basis of examination	end/or investigation,	in my opinion, de	eath occured at the	e time, dat	ta end place, an	d due to the	cause(s) e	nd man	ner es state	d.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE	290. BASHATURE AND TITLE OF CERTIFIER	P. 00	\wedge		29c. LICENSE NU	MBER		29d. DATE S				
5 5 5 5 F F F F F F F F F F F F F F F F	6	com to	ine IV	<u> </u>		O.C.M	.E.		▶ 04	/22/	/93		
1041	-	JO. NAME AND ADDRESS OF PERSON WHO THE RON LOCKE	- MA	тн (ітем 27) (Туро, Р 11 Penn	· ·	et, Bal	time	ore, N	/arvl	and	2	1201	
		31. DATE FILED (Monty), Day, Year 1993	JOZAREGISTRAN'S SIGNA										

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	JOR: After this certificate has been	the design with the Court of the
	CTDR: After this certificate has been	the state of the state of the state of
	RECTOR: After this certificate has been signed by the attending physician and completelyed in by the funeral	the other density with the Party Party of Hamilton and Standard Hamilton and the first of the contract of

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				
	Vera = <u>v</u> o		SMITH		104 20	1993 11.03 4				
	234-40-1369	1 🗌 M 2 🔼 F	yrs. last birthday) IF UN 61 YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	7. DATE OF BIRTIN	8. BIRTHPLACE (State or Foreign NorthCarolina				
OR	9a. FACILITY NAME (If not institution, give stree Franklin Square		9b. C	ROSSVILLE		RALTIMORE				
<u>[</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		40° CITY TOW	N OR LOCATION		- I I I I I I I I I I I I I I I I I I I				
L DIRECTOR	MD . 104. STREET AND NUMBER	Baltimore	Baltimore Middle Riv			10d. INSIDE CITY LIMITS? 1 TYES 2 THO				
FUNERAL	1132 Beech Dri	.ve		10f. ZIP CODE 21220	· 10g.	USA				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 1 YES IF YES, GIVE WAR OR DATE	2 NO	3. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	p— 14. RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	FION 1	16a. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUSINESS					
COMPLETED		College (1-4 or 5+)	computer	1.)	Westing	house				
BE CO	17. FATNER'S NAME (First, Middle, Last) Allen Ea	stridge		16. MOTHER'S NA Ber	ME (First, Middle, Meiden Surner tha R. Wilc	ne) COX				
TO B	19a. INFORMANT'S NAME (Type/Print) Neil Hamilton	Smith	196. MAILING ADDRE	Seech Drive	Route Number City or Town, State Baltimore	Md . 21220				
	26e. METHOD OF DISPOSITION 1 1 Burlel 2 Cremetton 3 Remove 4 Donatton 5 Other (Specify)	20b.P cemetr	LACE AND DATE OF DISP	osition(Name of Delivery 4/23	OATE 20c. LOCATION	N — City or Town, Stata				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		2. NAME AND ADDRESS OF FA		imore MD.				
	Connelly Fra	nual H	ome (ConnellyFuner	alHome 300Mac					
	23. PART i. Enter the diseases, or con ahock, or hast feliure. Lis iMMEDIATE CAUSE (Final disease or condition reaulting in death)	npilicetions that caused to	the daeth. Do not entitle line.	er the mode of dying, suc	the as cardiac or reepiratory	Approximata interval Between Onset and Death Auseosc 10 g				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	monare	disease >10g							
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A C	OUE TO (OR AS A CONSEQUENCE OF):							
CAL	PART II. Other algnificant conditions of	contributing to death but	not resulting in the	underlying cause given in	Part i. 24a. WAS AN AUTOF PERFORMED?	AVAILABLE PRIOR TO				
MEDI	0	Certification of the control of the	1	eigro, i	1 YES 2 NO	O COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
AN	or was coor personed to wrong I/	p correct								
PHYSICIAN		IOSPITAL:	L/ OTH	26. PLACE OF DEATH (Ch	eck only one)					
14S	1 X YES 2 NO 1	Inpatient 2 ER/Outpati	ent 3 DOA 4 DA	ursing Nome 5 Residence						
BY PF	1 Natural 5 Pending Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	286. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE NOW INJURY	OCCURED				
ETED	3 Suicide a Could not be 4 Nomicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atreet, f	actory, offica	281. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,				
COMPLETED				time, data and place, and dua opinion, death occured at the		stated. to the cause(s) and manner as stated.				
BE	290. SIGNATURE AND TITLE OF CERTIFIER	Janhi		29c. LICENSE NUM		DATE SIGNED (Month, Day, Year)				
2	38. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)	o hed a	tr. Bal	+ MD >1221				
	APR 23 1993	32. PAGISTRAR'S CIGNATION DAVIDSON - HONO	URE LANC.		1000	. 2004				



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Dr. Royce M.D.

31. DATE FILED (Month, Day, Year)

APR. 23 1993 Julia 2

9 M.D. 9000 Franklin Sq. Dr.

32 REGISTRAR'S SIGNATURE

Julia Davidson Rondelle

Balto., MD.

	FOR 1 . STATE	STATE OF MAR	YLAND / D	EPARTME	NT OF H	HEALTH AND	MENT	AL HYGIEN	9	3	117	55	
-	REGISTRAR		CEF	RTIFICAT	E OF	DEATH		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)						MON	E OF DEATH	AY	YEAR	3. TIME OF D	EATH	
	Marie P.			ZENSKI				4-21-9	3		8:43	Рм	
	4. SOCIAL SECURITY NUMBER 216-10-2177	1 □ M 2 🛣 F	GE (In yrs. lest bi	YRS. MONTH	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIFTH	8	Mar	PLACE (Stote of y) y land	Foreign	
OR	90. FACILITY NAME (If not institution, give Franklin Sqaure			9b. Ci		to. Co.			9c. COUN	timo			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT								I_Du1	C TallO	71 C		
DIRECTOR	Maryland Ba	ltimore Co		Baltin		TION				ĺ	10d. INSIDE CITY LIMITS? 1 YES 2 15 NO		
FUNERAL	100. STREET AND NUMBER 206 Henry Avenu	е		10g. CITIZEN OF V				7					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	YES 2- NO If yes, specify Cuben, Mexican,			an, Puerto	n, Puerto Rican, etc.) Bie			— American II , White, etc.	ndian,		
0	15. DECEDENT'S EDU	CATION	16a, DECEI	DENT'S USUAL	OCCUPATION	ON	140	b. KIND OF BUS	PINESS (INIDI	ICYRY			
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give	kind of work don NOT use retired embly	e during mo .)	ost of working		Wester			ric		
₹	17. FATHER'S NAME (First, Middle, Last)					44 4407145710 44	100 (5)						
BE C	Andrew Kotowski Anna Sarnecki												
2	196. INFORMANT'S NAME (Type/Print) Walter A. Sadzenski Jr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, Stelle, Zip Code) 26 Greenwood Ave. Balto. Md. 21206 20c. METHOD OF DISPOSITION 20c. METHOD OF DISPOSITION 20c. LOCATION – City or Town, State												
	20e. METHOD OF DISPOSITION 13 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND	TO DATE OF DISPO	SITION (Na	tery 4/	24/C	TE 20c. LO	CATION — C	Oty or Tox	wn, State	and	
	21. SIGNATURE OF FUNERAL SERVICE LICENSER GEOTGE A. Weber & Sons Inc. Cametary, crematory or other place content of the Cont												
	23. PART i. Enter the diseases, or	complications that cau	sed tha death								Approxi	mate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Hypoxia Due to (or as a consequence of):											Between and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
	PART II. Other algnificant condition	a contributing to deat	but not resu	ulting in the u	inderlying	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS	
: MEDICAL								PERFOR	n 4		AMAILABLE PRIC COMPLETION D OF DEATH? 1 YES 2	F CAUSE	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26 PI	ACE OF DEATH (C)	and anh						
S	EXAMINER?	HOSPITAL:		OTHE	R:						···-		
ž	27. MANNER OF DEATH	1/\□ Inpetient 2 □ ER/0				e 5 🗆 Residence	T						
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yea	(1)	8b. TIME OF INJURY M		URY AT PRK? YES 2 NO	26d. DE	SCRIBE HOW II	NJURY OCCI	JRED			
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJU building, etc. (S	IRY — At home, pecify)	, ferm, street, fe	ctory, affic		28t. LO	CATION (Street a or Town, State)	nd Number o	or Runal Ro	oute Number,		
COMPLETED		CIAN: To the best of my kn									end manner ed	stated.	
O BE C	296. SHOMATURE AND TITLE OF CENTERIES		1 20			29c. LICENSE NU					(Month, Day, Yea		
~ 1	30. NAME AND ADDRESS OF PERSON WH								. "/		, -		

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTA	L HYGIENE			
1. DECEDENT'S NAME (First, Middle, Last	JULIAN S				2. DATE MONT	OF DEATH	- 93	YEAR	O:19 AM
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (Mont	OF BIRTH		8. BIRTNPLJ Country)	CE (State or Foreign
218-12-8066 9a. FACILITY NAME (If not institution, give	1 M 2 F	/ ZYRS.			5		20	Mary	land
SINAI Hospita	20-110	, , , , , , , , , , , , , , , , , , ,		1timor			9c. COUNT	TY OF DEAT	н
	INC. CITY, TOWN OR LOCATION								1. INSIDE CITY LIMITS? X YES 2 NO
100. STREET AND NUMBER 811 St. Georg	e Road	<u> </u>	10f	. ZIP CODE	1210		10g. CITIZI		COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 🔯 YES IF YES, GIVE WAR OR D	2 NO	If yes, spi	ENDENT OF HISPA ecity Cuban, Maxico 2 NO Specifi	NIC ORIGII	N? (Specify Year	or No— 1	Black, W Specify:	American Indian, hite, atc.
15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a. DECEDENT'S USL (Give kind of work	done during mo-	ON st of working	18t	. KIND OF BUSI	NESS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+ (Phd)	Broadcas	tired.)		ive	Sino	clai	r Gr	oup
17. FATNER'S NAME (First, Middle, Last) Harry B.				18. MOTHER'S NA	AME (First,		urname)		
19a. INFORMANT'S NAME (Type/Print)	Shirtin	19b. MAILING ADI	DRESS (Street a	nd Number or Rural					21030
Frederick G.	Smith (Son)			y Gate					ille,MD
20a. METNOD OF DISPOSITION 1 St Burlal 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State cen	PLACE AND DATE OF D netery, cremetory or other 1001 POI	plece)		DAT 4/2			ty or Town,	st Virgini
21. SIGNATURE OF FUNERAL SERVICE L	. 12.	ACCIIS TO							neral Hom
Salus He	no lupe	ita							ID 21211
23. PART i. Enter the disesses, Di	complications thet ceuse.	d the deeth. Do not o	enter the mo	de of dylng, suc	h as can	diec or respire	tory erre	st,	Approximete
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Sudder	A 1/							interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	a or thos-	tentic U consequence of: cape Park	rypoti	eusion ns di	'seas	ze_			
PART II. Other algorificent condition	dement	out not resulting in the	ne underlying	ceuse given in	Part i.	24a. WAS AN A PERFORM t YES 2	ED?	CO	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l m	26. PL	ACE OF DEATH (Ch	eck only or	ne)			
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY		Nursing Home	5 Residence		r (Specify)	INEX OCCU	IDED.	
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WO	ES 2 NO	200. DES	CRIBE NOW IN.	MHY OCCU	HED	
a Cadada	Z Accident 3 Suicide 8 Could not be building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							Number,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 2 MEDICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check only one) 1 CERTIFYING PHYSICAL EXAMINATION (Check one)	SICIAN: To the best of my know	ledge, death occurred at n and/or investigation, in	the time, data	and place, and dua	to the cau	use(a) and mann and place, end	er as stated	i. Causo(a) and	I menner ea stated.
29b. SIGNATURE AND TITLE OFFICER FI	ER			29c. LICENSE NUN					rith, Day, Year)
Dr. Roberts		ath (ITEM 27) (Type, Prin 1ysicians		lion	Suit	e 405	Tok	son	21204
31. DATE FILED (Month, Day, Year) APR 2 3 1993	32. REGISTRAR'S SIGN	ATURE - Randelle			*				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

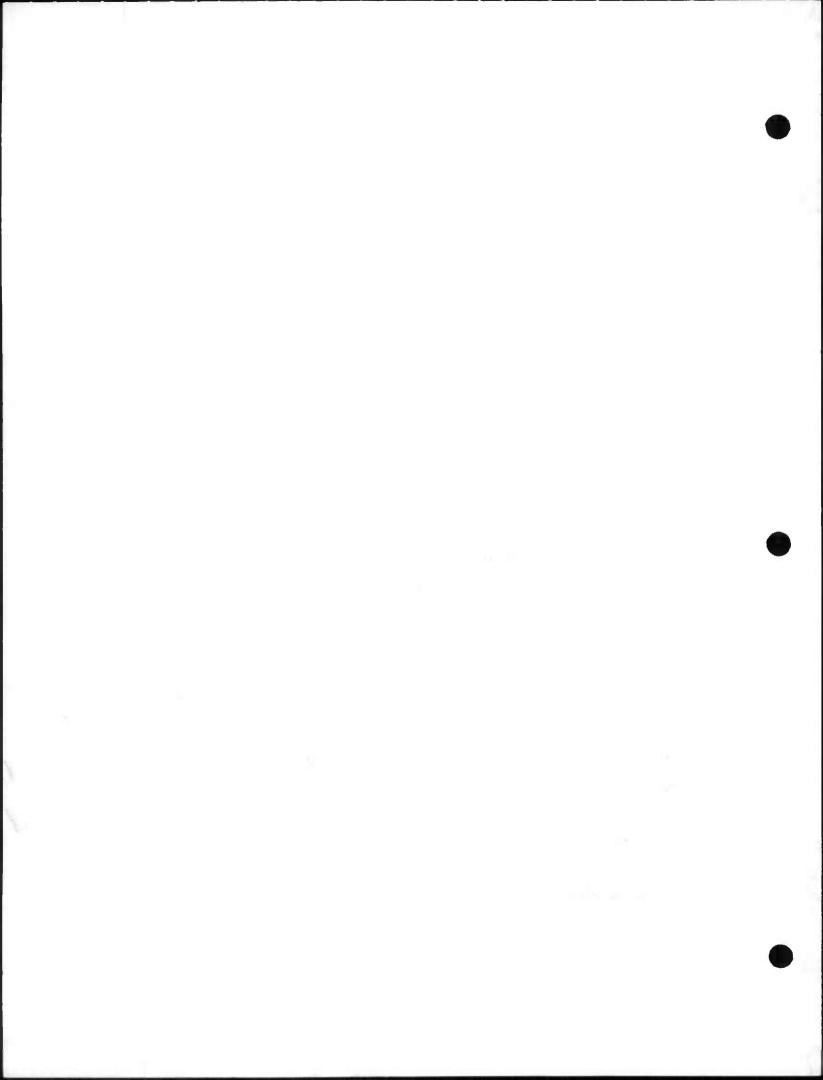
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 20



BALTIMORE, MARYLAND 21215

SINISION OF VITAL RECORDS, F.O. BOX 80/80, BALLIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IAL NECOND	The law requires that the	ite has been signed by the ate Dept. of Health and M	em 23 shows any inju
TA LO NOISIA	ATTENDING PHYSICIAN:	ECTOR: After this certificars after death with the St.	n 28 is marked, or it
	TO THE HOSPITAL OR	TO THE FUNERAL DIR	IMPORTANT: If Iten

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APR 2 3 1993

93 11757 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH STEPHENS 634 B. MONTH O4 LOUISE 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 05-08 235-50-8569 1 - M 2 VF VIRGINIA 9a. FACILITY HAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OEATH Stella Maris Hospice Towson FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY MARYLAND CARROL insboro 1 - YES 2 1 HO 10a. STREET AND HUMBER 10f. ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 21088-1326 OGS U.S.A アスワウ 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ho—If yea, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Hever Married 2 Married BΥ IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY ntary/Secondary (0-12) ollege (1-4 or 5+) 127 RS. YRS AT Homs once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Maiden Surname) YOL. BARNS ¥ BE)ARY 19a. INFORMANT'S HAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AC ECOROS AS ABOVE 9 20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 4-20 93 20c. LOCATIOH - City or Town, State 2 Crer 3 - Removal from State 4 Donation 5 Other (Specify) SMOISRY (RGINIA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AND ADDRESS OF FACILITY OFCHIMES 2325 YORK ROAD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one clause on each line. Approximata interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) HEART FAILURE CONGESTIVE OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initieted events reaulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FIHDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 - YES 2 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMIHER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 💢 Other (Specify) Hospice 27. MANNER OF DEATH 26a. DATE OF IHJURY (Month, Day, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY 28c. INJURY AT WORK? 1 Hatural
2 Accident ВУ 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, lactory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)
One)

MECICAL EXAMINED. On the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, alexa

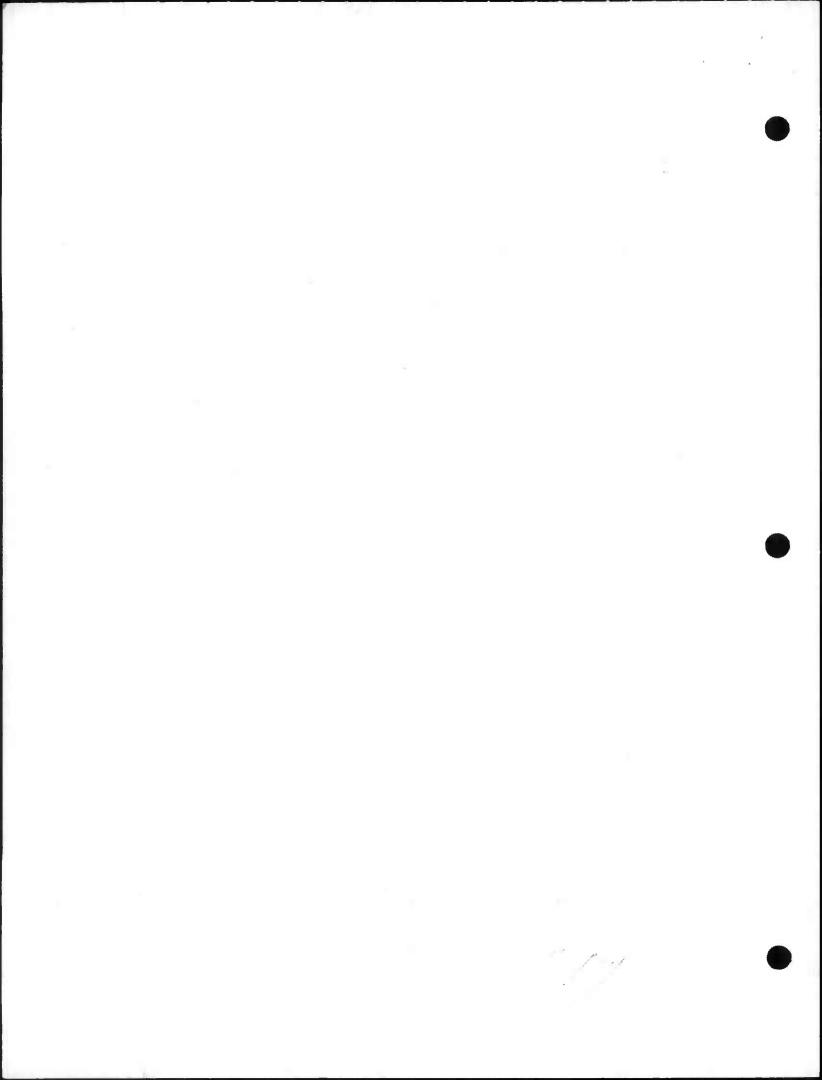
derd

32, REQUITRAR'S SIGNATURE

Carla S. Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson 21204

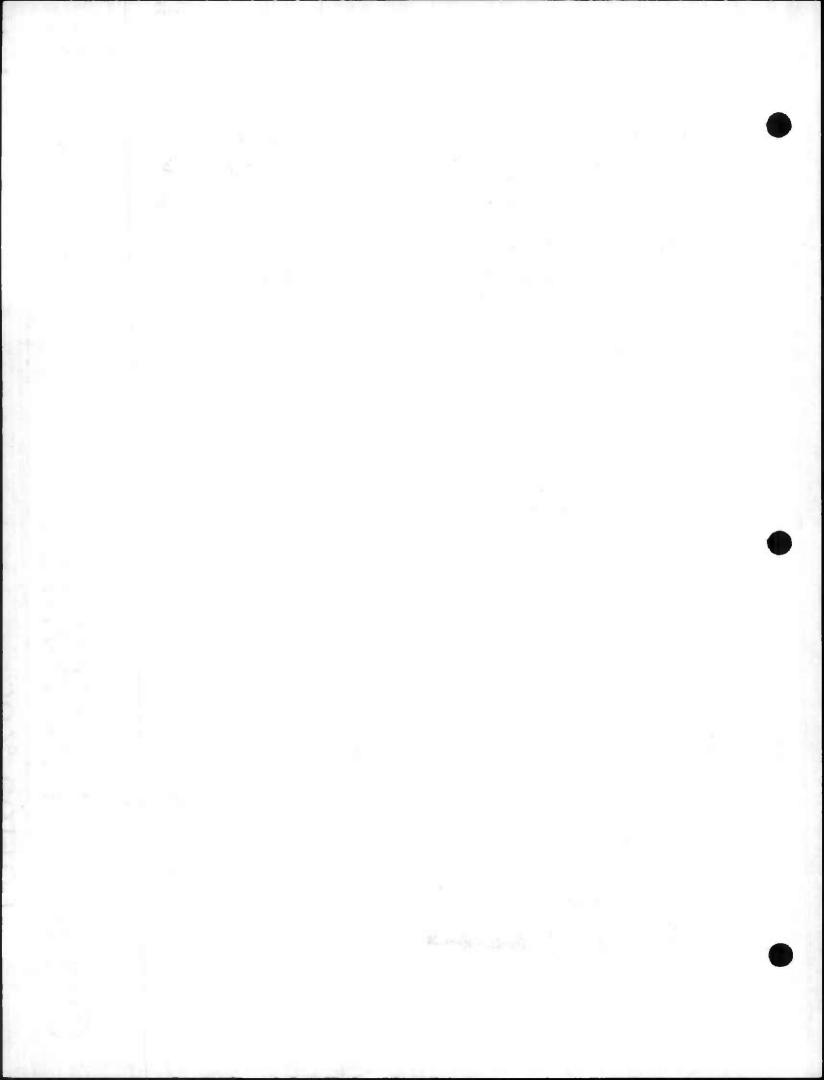
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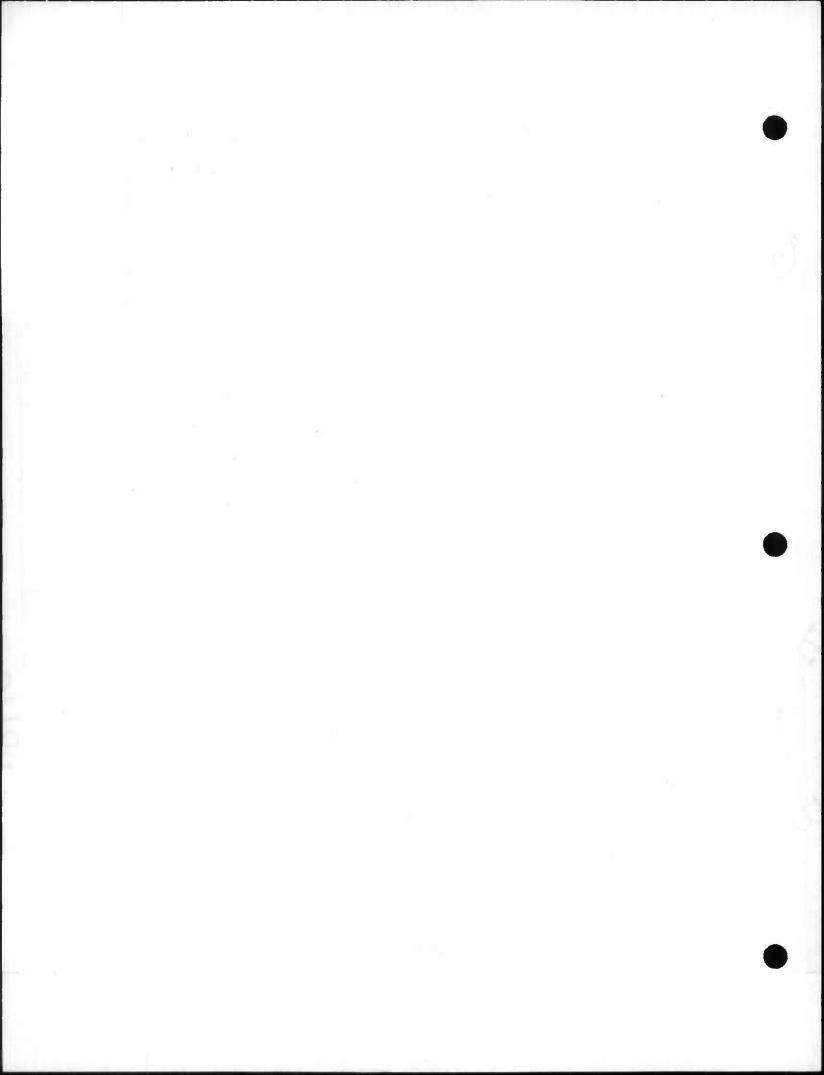
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RECOI	
I OF VITAL RECORDS,	
OF	
IVISION	
0	1

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ICATE OF		REG. NO.		
	1. GECEDENT'S NAME (First, Middle, Last) Farrol, Thon	nao				2. DATE OF OEATH MONTH DA	(17	3. TIME OF DEATH 9:200
		5. SEX 8. AGE (In A	yrs. lest birthdey) 7 9 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	13 000	THPLACE (State or Foreign ntry)
CTOR		oet and number)		96. CITY, TOWN	OR LOCATION OF O	EATH	Balti	MOLL
DIREC	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Batyland Bat	timore		Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	524 N. Char			10	1. ZIP COOE 2 120	/	10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yea, s		NIC ORIGIN? (Specify Yes an, Puarto Rican, etc.) y:	Bi	celly:
PLETED	16. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION	(Give kind of life. Do NOT u	USUAL OCCUPATION of done during more retired.)		16b. KIND OF BUS	GINESS/INDUSTRY	
BE COMPL		MES FARREL					/ JULIA	A DONAHUE
TO E	19a. INFORMANT'S NAME (Type/Print) MR. 7 MRS. JAME	S FARRELL	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code)	
	HOME D. MD.	21224 Approximate Interval Betwo						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A C	CARS CONSEQUENCE O	RAL ATEAT	3 H) 2 1	MIA	JCY	
MEDICAL	PART II. Other significent conditions A L Z H & M & A R & C U A A &	contributing to death but is DISEAS	3			PERFOR	RMED3	A.B. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN:		HOSPITAL:	tient 3 DOA	OTHER:	PLACE OF DEATH (C	heck only one) 6 Other (Specify)		77.55
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 26c. IN	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW	NJURY OCCURED	0"
		28- DI ACE OF IN HIDY		street, factory, offi	ca	281. LOCATION (Street City or Town, State)	and Number or Run	
ш	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Specif	y) 					al Route Number,
ш	4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER		dge, death occur		death occured at the	e time, data and placa, ar		- 65
ш	4 Homicide detarmined 29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER 296. SIGNATURE AND TITLE OF CERTIFIER 0 4 Homicide detarmined	building, etc. (Specifical Specifical States of the basis of axamination to the basis of axamination to the basis of axamination to the basis of axamination to the basis of axamination to the basis of axamination to the basis of axamination to the basis of the basi	dge, death occur and/or investigati	on, in my opinion,	29c. LICENSE NU	o time, data and placa, and	29d. DATE SIGN	ie(a) and manner as stated IED (Month, Day, Year) L 2 P - 1 9 9 3
BE COMPLETE	4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 296. SIGNATURE AND TITLE OF CERTIFIER 0 JA D , NO 30. NAME AND ADDRESS OF PERSON WHO	building, etc. (Specifical Specifical States) EIAN: To the best of my knowled: On the basis of axamination Language.	dge, death occur and/or investigati TH (ITEM 27) (Typ	on, in my opinion,	29c. LICENSE NU	o time, data and placa, and	29d. DATE SIGN	ve(a) and manner as state IED (Month, Day, Year) L 2 P - 1 9 9



10

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	ROBER	LT THE	55 5	2		MONTH D	YEAR	6A H			
1	4. SOCIAL SECURITY NUMBER		(In yrs. leat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	TTHPLACE (State or Foreign			
1	186.24 3859	1 M 2 F	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		nnsylvania			
1	9s. FACILITY NAME (If not institution, give st	reet and number)		Pb. CITY, TOWN (OR LOCATION OF DI		9c. COUNTY OF				
DIRECTOR	128 BAEAL	LUMITER	ns	Je	2 Fono						
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.											
ā	MDHA	1 L cons	-	EDG	EWO.	00		1 YES 2 PAQ			
AL A	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
E	903 € 6€	DAR CR	ert c	7	2	1040	ر ن	A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF			ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No- 14. RA	ACE American Indian,			
BY F	IF YES, GIVE WAR OR DATES 1 YES 2 X XNO Specify: Specify:										
	3 Widowed 4 Divorced							White			
ED	15. DECEDENT'S EDUC (Specify only highest grade)	CATION completed)	16a. DECEDENT'S U (Give kind of wo	rk done during mo	ON ost of working	166. KIND OF BUS	SINESS/INDUSTRY				
Ü	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)							
₽ B	N/A	N/A	Truck	Driver		Teamst	ers Loca	a1_#507			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				The second secon	ME (First, Middle, Maiden					
BE	N. Robert Thess				Emma	Mildred Ri	ckerts				
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow					
-	Kathryn Thess	(daughter)	706 SI	narps C	t., Fall:	ston, Mary	land 2	1047			
	20g. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remo	20b	PLACE AND DATE OF		ame of	OATE 20c. LO	CATION — City or	Town, State			
	4 Donation 5 Other (Specify) Parkwood Cemetery 4/21 Baltimore, Maryland										
	21. SIGNATURE OF FUNCTION TERRITORY IN THE STATE OF THE S										
- 1	Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, MD 21236										
	23. PART I. Enter the disesses of C	omplications that caused	d the death. Do no	t enter the mo	Detail	hes cardles or reen	retory errort				
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Finel disease or condition	A				- D		Onset and Death			
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	DAA	y Ar	IERY D	17 CAJC				
	I	ASWD	CONSEQUENCE OF)					i			
0	Sequentially list conditions,		CONSEQUENCE OF:								
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING		THE CONTRACTOR OF THE CONTRACT					į l			
[CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
E	resulting in death) LAST										
U											
4	PART II. Other significant conditions		out not resulting in	the underlying	g csuse given in	Part I. 24a. WAS AN PERFOR	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
	HYDERTEN	MOICI				1 YES 2		COMPLETION OF CAUSE OF DEATH?			
W	DIAGETE	MEZUT	23 - 1	on Ir	レンソレレン			1 TES 2 NO			
ž					St 5/10 C	WT					
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODIT		26. Pt	ACE OF OEATH (Ch						
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp		OTHER:	ne 5 🗆 Residence	6 Other (Specify)					
Ę	27. MANNER OF DEATH	26a, DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OCCURED				
BY F	1 Netural 5 Pending 2 Accident Investigation	N D	₩ a		YES 2 12 NO	NA					
	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spec	— Al home, farm, str	eet, factory, offic	•	28f. LOCATION (Street		al Route Number,			
	4 Homicide datermined	bullding, etc. jopoc	NA			City or Town, State)					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	ledge, death occurred	at the time. date	and place and due		mer as stated				
ıΣ								e(s) and manner as stated			
	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.										
				296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)							
BE CO		1.	2 ~ 4			1111	29d, DATE SIGN				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	hu '	BWG			1809		ED (Month, Day, Year)			
	29b. SIGNATURE AND TITLE OF CERTIFIER G	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F		DZ	1809	> 4	117 93			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	hu	ATH (ITEM 27) (Type, F	rine)	DZ	1111	> 4				



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

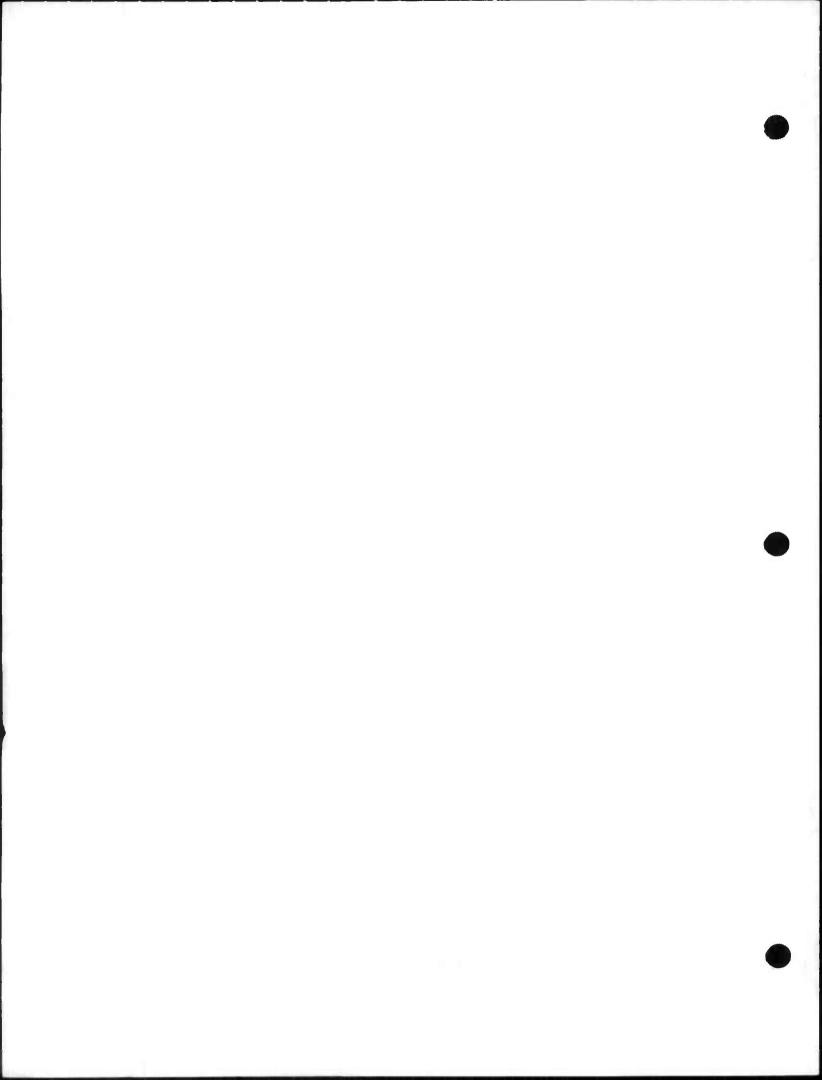
TO TO THE RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

											9:	3 1	1760
	FOR 1 - STATE	STATE OF M	ARYLAND /	DEPAR	TMEN	T OF H	EALTH	AND	MENTA	L HYGIEN	-		b -
	REGISTRAR		CI	ERTIF	ICAT	E OF	DEA	ГН		REG. NO).		
317	1. DECEOENT'S NAME (First, Middle, Last)	Jessie	F. Wis	se					2. DATE MONT	e of death th e	Ž 199	YEAR	TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
- 1	216-36-3190	54	MONTHS DAVE MOURE MIN					(Mon	m, Day, Year) -22-19		Country)	1d	
	9e. FACILITY NAME (If not institution, give str			9b. CIT	Y, TOWN O	OR LOCATI	ON OF OF		-22-13		Y OF DEAT		
E	Don Miller House			100			011 01 01			SC. COUNT	T OF DEAL	п	
5	RESIDENCE OF DECEDENT			Baltimore									
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN	OR LOCAT	TION					10	d. INSIDE CITY	
0	Md		l Ba	ltin	ore						1.1	LIMITS?	
A	10s. STREET AND NUMBER						ZIP COD	E			10a. CITIZE		T COUNTRY?
FUNERAL	14 Malus Court						2120	7					
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN ILS AR	MED	- 12	WAS DEC			ALC OBION	N? (Specify Ye	US		
	1 D Never Married 2 Married	FORCES? 1	YES 2 X	NO	13.	If yes, ap-	ecify Cube	n, Mexica	n, Puerto	Rican, etc.)	8 OF NO - 1	Black, W	American Indian, filte, etc.
BY	3 🖒 Widowed 4 🗌 Divorced	IF YES, GIVE WA	H OH DAIES			1 TYES	2 X NO	Specify	y:			Specify:	Black
	15. DECEDENT'S EDUC	ATION	16a, DE	CEDENT'S	USUAL C	CCUPATIO	ON		164	. KIND OF BU	SINESS/INDIA	STOV	
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) Cotlege (1-4 or 5+)	(G	ive kind of a Do NOT us	work done	during mo	st of working	g	1.00		OINE 337 IN DO	,,,,,	
4	12th	Conege (1-4 of 5 +)											
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18 MOTE	IED'S NA	ME (Elent	Middle, Melden	Cumpmet		
	Jesse F. Snowder	ì					16. WOT			nway	Sumeme)		
H	19a. INFORMANT'S NAME (Type/Print)		100	- MAILING	ADDRES	C (Charles a							
19a. INFORMANT'S NAME (Type/Print) Gary Monroe 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14 Malus Court Baltimore, Md 21207													
	20e. METHOD OF DISPOSITION		/201 21 122	14	Matu	S CO	urt	Bal					
	1 X Buriel 2 Cremetion 3 - Remo	val from State	20b. PLACE / celmetery, cre WOOD	MAND DATE (of DISPO	SITION/Na	me of		OAT		CATION — CI		
	4 Donation 5 Dother (Specify) 21. SIGNATURE OF FEMILIAL SERVICE LICE	and I	/ wood	Tawn					426	93 Bal	timor	e, Md	
1	7 17 444	77 X	/		22.	Marc	h F/	F We	St				
	- frome	H. d	mps_		-	430	0 Wa	bash	Ave	nue			
	23. PART I. Enter the diseases, or co	mplications that	caused the da	ath. Do n	ot ente	r tha mo-	da of dyl	ng, suci	h as can	diec or reep	iratory arres	it.	Approximata
ľ	IMMEDIATE CAUSE (Fine)												interval Between
	disease o condition	allerso.	5	111	/	26	1	1				Onset and Death	
	resulting/in death)	DUE TO (Seminated CMV infection UE TO (OR AS A CONSEQUENCE OF):										
_	DUE TO (OR AS A CONSEQUENCE OF):												
ERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CONSEC	DUENCE OF	a.								
A	if any, leading to immediate cause. Enter UNDERLYING	, , ,		JULITUR OF	1.								·
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF	า:								
E	resulting in death) LAST				,								
S	d.												
. 11	PART II. Other algnificant conditions	contributing to d	leeth but not n	eeulting l	n the u	nderlying	cause g	lven in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
MEDICAL										PERFOR	. 1	CO	MPLETION OF CAUSE
										1 TYES 2	NO		DEATH?
					_				-			1 [YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL												
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ock only or	10)			
₹ I	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I				sing Home		sidence	_				
	Natural 5 Pending	28e. DATE OF III (Month, Day	(Your)	28b. TIM	URY	26c. INJU	RK?		28d. OES	CRIBE HOW I	NJURY OCCUI	1ED	
A	2 Accident Investigation				М		ES 2	NO					
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF building, et	INJURY — At hor tc. (Specify)	me, ferm, s	treet, tec	tory, office			28f. LOC City	ATION (Street or Town, State)	and Number or	Rural Route	Number,
E I													
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	AN: To the best of m	ny knowledge, de	ath occurre	d at the t	ime, date	end place,	end due	to the cau	use(s) end mar	ner es stated.		
8	one) 2 MEDICAL EXAMINER												d menner as stated.
Ш	296. SIGNATURE AND TITLE OF CERTIFIER			_				NSE NUM			29d. DATE S		
0	(Verino /	en	1, 11				NU	39	0		D 4	777	nth, Day, Year)
임	30, NAME AND ADDRESS OF PERSON WHO	201101 5750 511105	1 / 00	<i></i>			0		0		1	100	175

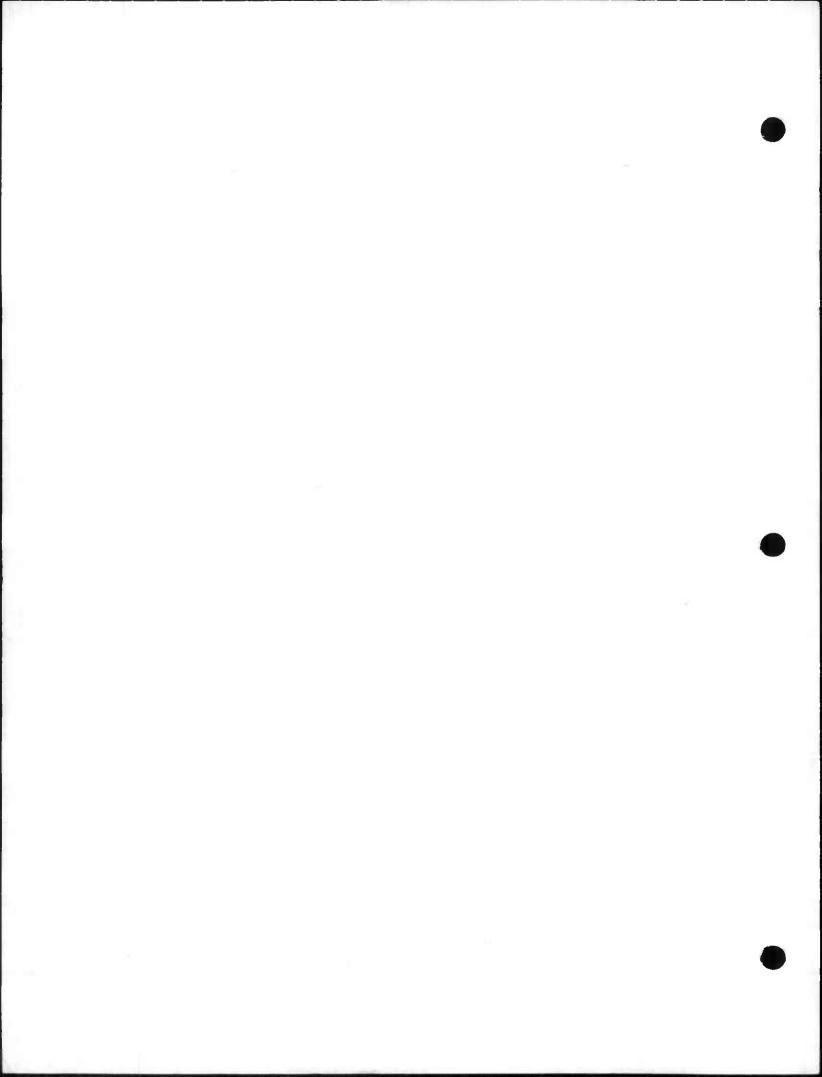
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) APR 23 1993



BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

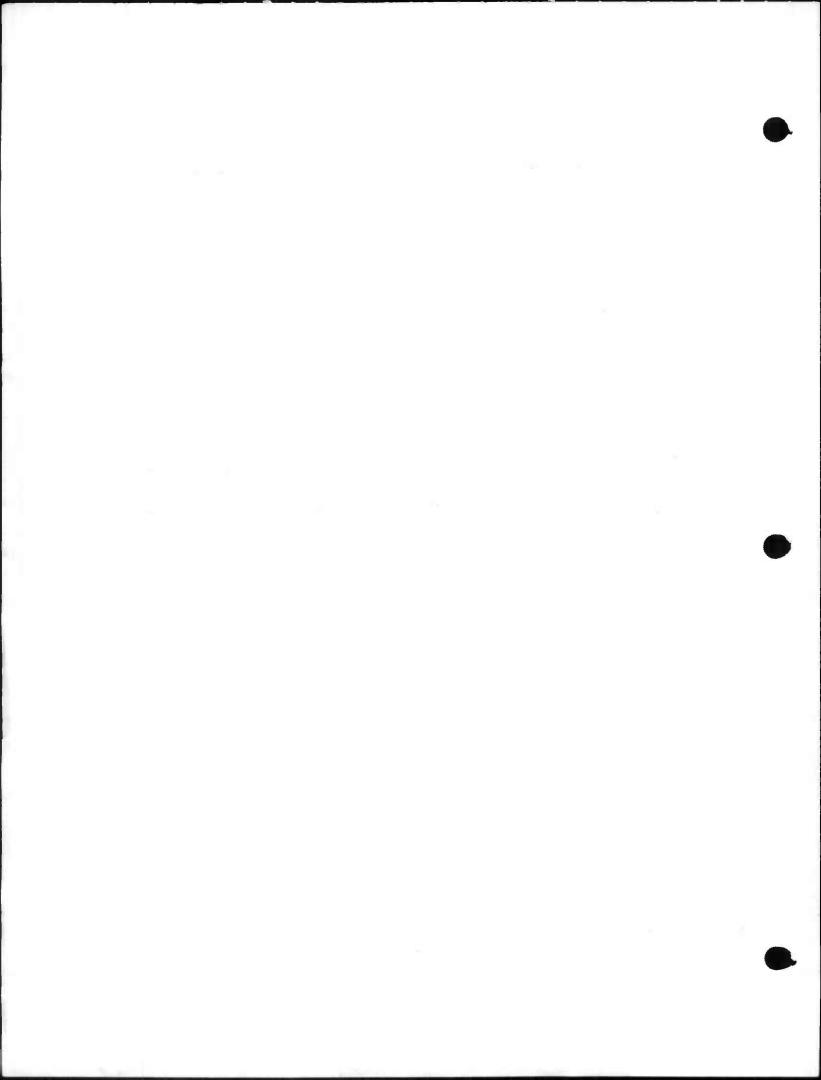
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND) / DEPARTM				YGIENE EG. NO.) 1	1 101		
	1. DECEDENT'S NAME (First, Middle, Last)			Sr.		2. DATE OF E		YEAR	3. TIME OF DEATH		
	212-42-2640	SEX 6. AGE (In yrs 4	. last birthday) F	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, Qm) 7-27	HPLACE (State or Foreign hy) Naryland				
TOR	9a. FACILITY NAME (If not institution, give stree Francis Scott Key RESIDENCE OF DECEDENT		0.00		more ci		9c. CO	UNTY OF I	DEATH		
DIRECTOR	Maryland 106. COUNTY	Baltimore	10c. CITY, TO	WN OR LOCAT		Dundalk		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	100. STREET AND NUMBER 8116 Kavanagh Road	d		101	ZIP CODE		what country? 2d States				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPA icity Cuban, Mexico 2 NO Special	14. RAC Blac Spec	E — American Indian, ik, White, etc. White				
COMPLETED		10N 16e. npleted) College (1-4 or 5 +)	DECEDENT'S USU (Give kind of work life. Do NOT use ret Millwrt	done during mo ired.)		bof Business/in		Catro			
	12th Grade 17. FATHER'S NAME (First, Michie, Last)		Maccini	ryni		ME (First, Middle	, Malden Surname)				
TO BE	Francis W. Wray 100. INFORMANT'S NAME (Rypo/Print) Amy D. Rehbein		n McClellan wn, Stata, Zip Code) laryland 21222								
	20a. METHOD OF DISPOSITION 1)/ Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	me of	DATE 20c. LOCATION — City or Town, State 1/21/93 Baltimore, Maryland								
	21. SIGNATURE OF TUNENAL SERVICE LICENSEE 21. SIGNATURE OF TUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHTY 23. VICENSEE 24. VICENSEE 25. NAME AND ADDRESS OF EACHTY 26. NAME AND ADDRESS OF EACHTY 27. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 29. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 21. SIGNATURE OF TUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHTY 23. NAME AND ADDRESS OF EACHTY 24. Donator of tunenal from State 25. NAME AND ADDRESS OF EACHTY 26. NAME AND ADDRESS OF EACHTY 27. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 29. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 21. SIGNATURE OF TUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHTY 23. NAME AND ADDRESS OF EACHTY 24. Donator of tunenal from State 25. NAME AND ADDRESS OF EACHTY 26. NAME AND ADDRESS OF EACHTY 27. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 29. NAME AND ADDRESS OF EACHTY 29. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 20. NAME AND ADDRESS OF EACHTY 21. SIGNATURE OF TUNENAL SERVICE LICENSEE 22. NAME AND ADDRESS OF EACHTY 23. NAME AND ADDRESS OF EACHTY 24. NAME AND ADDRESS OF EACHTY 25. NAME AND ADDRESS OF EACHTY 26. NAME AND ADDRESS OF EACHTY 26. NAME AND ADDRESS OF EACHTY 27. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. NAME AND ADDRESS OF EACHTY 28. N										
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or her fallure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) ACUTE HEMORRIHAGE FROM THROAT										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions of	contributing to death but no	ot resulting in th	e underlying	ı ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJ WO			BE HOW INJURY O	CCURED			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, street	, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
TO BE C	296. SONATURE AND YITLE OF CERTIFIED	VMS			29c. LICENSE NUI	MBER 03	29d. DA	TE SIGNED	(Mogth, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (CENTS		BAM	ORROO	MRWP	/ /			
1	APR 2 (Myning 1993) July	WARANTENES HOUNTEN	4								



•	الأ	,
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-train in or seminal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train. In the filled within 72 hours after death with the State hard. At Haath and Mental Hydians prior to burial creaming or cannot be filled within 72 hours after death with the State hard. At Haath and Mental Hydians prior to burial creaming or cannot be filled within 72 hours after death with the State hard. At Haath and Mental Hydians prior to burial creaming or cannot be filled within 72 hours after death with the State hard.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First	4444-4-4							-	TIEG. IV	<i>)</i> .		
			on Addio	-1							DAY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUME										4-26- 1993		
	2.19 – 12 – 57		5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDE	DAYS	HOURS	MIN.	7. DATE OF BIRTN (Month, Day, Year)		Count	NPLACE (State or Foreign ry)
					YRS.					3-22-1924 Maryla			ryland
œ	9a. FACILITY NAME (If not in							OR LOCATI	ON OF DE	ATH		NTY OF D	
2	RESIDENCE OF DEC		•				June	Ialk			Ba	ltim	iore
<u> </u>	10e. STATE	10b. COUNT	γ		10c. CI1	Y, TOWH	OR LOCA	TION					10d, INSIDE CITY
DIRECTOR	Md.	Ba]	timore			Dunc	dalk						LIMITS?
A	10e. STREET AND NUMBER						10	. ZIP COD	E		WHAT COUNTRY?		
FUNERAL	1823 Tyl∈	er Rd.						218	222			.S.A	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT	OF NISPAN	IC ORIGIN? (Specify Ye	es or No-	14. RAC	E — American Indian,
8Y F	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES							2 NO		n, Puerto Rican, etc.)		Spec	k, White, etc.
- 1										White			
1	15. DEC (Specify only		(Give kind of life. Do NOT u	work done	during mo	ON ost of worldi	ng	16b. KIND OF BU	JSINESS/IN	DUSTRY			
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)						D-14:		0	
COMPLETED	Ged 17. FATHER'S NAME (First, M		1112	pect	,or	40. MOT	UCD'C MA	ME (First, Middle, Meide		Lo.	Govt.		
	George Wil						M. Garr		1				
BE.	196. INFORMANT'S NAME (7	_			19b. MAILING	ADDRES	S (Street a						
2	196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1823 Tyler Rd. Dundalk, Maryland											21222	
	20s, METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State												
1	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Sacred Heart of Jesus 4 9 Dundalk												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk												
	Colo	£ (onne	lly	1								
	23. PART I. Enter the diseases, or complications that course the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one course on each line.											Approximeta	
	IMMEDIATE CAUSE (Fir		List only one cet	use on each	line.	1	1			()(0 \	Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Curcle of Lung (Small Cell) Onset and Death												
	DUE TO (OR AS A CONSEQUENCE OF):												
N O	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING												
E	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
E	resulting in deeth) LAST												
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL	N Other aignifice	or resulting in the underlying couse given in P					Part I. 24a. WAS AN AUTOPSY PERFORMED?			. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă		مراسي	3 10 45	10 /	Dorag For Gove					1 D YES	2 🗌 NO		OF DEATH?
					<u> </u>					_			1 YES 2 NO
AN	25. WAS CASE REFERRED TO	O MENICAL						100.00.0					
PHYSICIAN:	EXAMINER?	o medicine	HOSPITAL:			OTHE	R:	- 1		ck only one)			
Ĭ	27. MANNER OF GEATH		28a. DATE OF		28b. TH		28c, iNJ		sidence	8 Other (Specify) 28d. DESCRIBE HOW	IN HIRY OC	CHREO	
	4000 C	Pending	(Month, C	lay, Year)	IN	JURY M	WC	PRK?	no			OUNEO	
è l	2 Cutotie	Could not be	28e. PLACE C	F INJURY — A	At home, farm,	street, fac				28f. LOCATION (Street	end Numbe	or Rural F	Route Number.
COMPLETED		detarmined	building,	etc. (Specify)						City or Town, State)		
٦	290. CERTIFIER	IFYING PNYSI	CIAN: To the best of	my knowledou	e deeth occurr	ad at the	lime date	and place	and due	to the cause(e) and ma		tori	
Š) end manner se stated.
U U	296. SIGNATURE AND TULE				Δ.				NSE NUM				(Morth, Day, Year)
0	duel	asse	eal	M	0			Dr	967	48	1	1,12	6/93
유	30 NAME AND ADDRESS OF	PERSON WH		BE OF OEATH	(ITEM 27) (Type				0.0	00001	- /		
	MNIL UB	SKe)	-3834	FAL	1514) B	ACI	10	MI	D 2121			
	APR 26	993	Suha Dan	A S BIGHTY	mplette)								



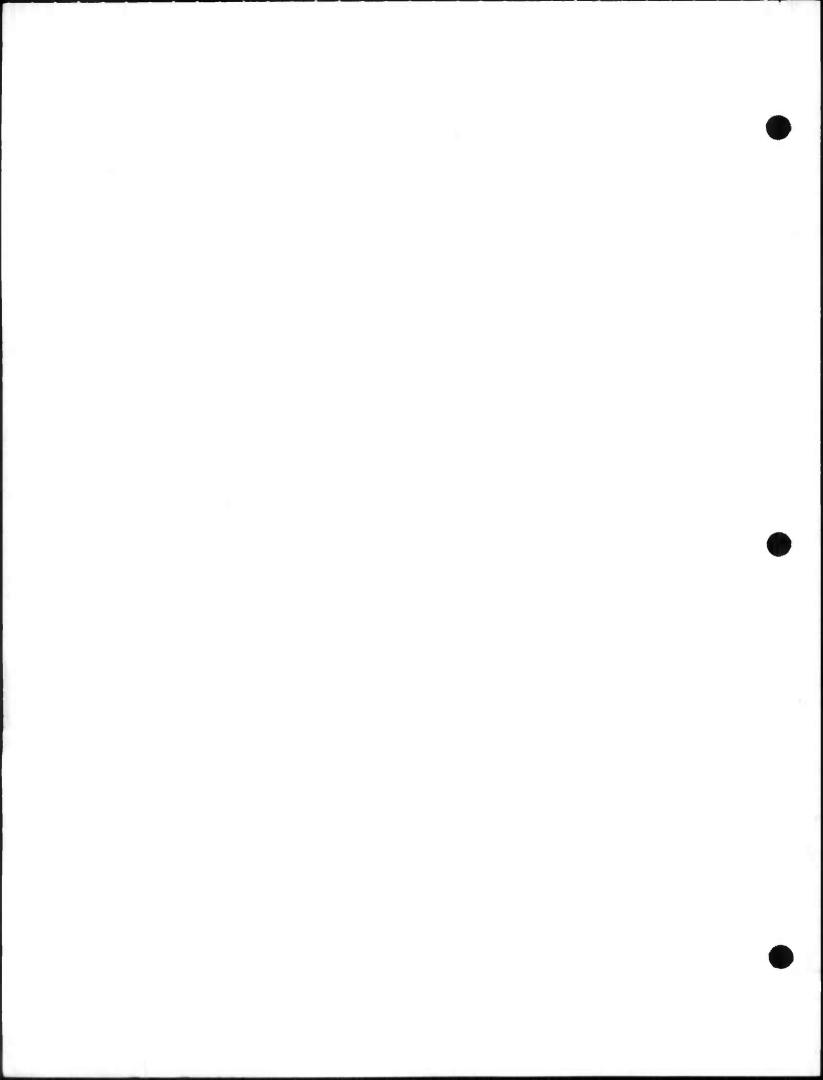
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law'required-that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.

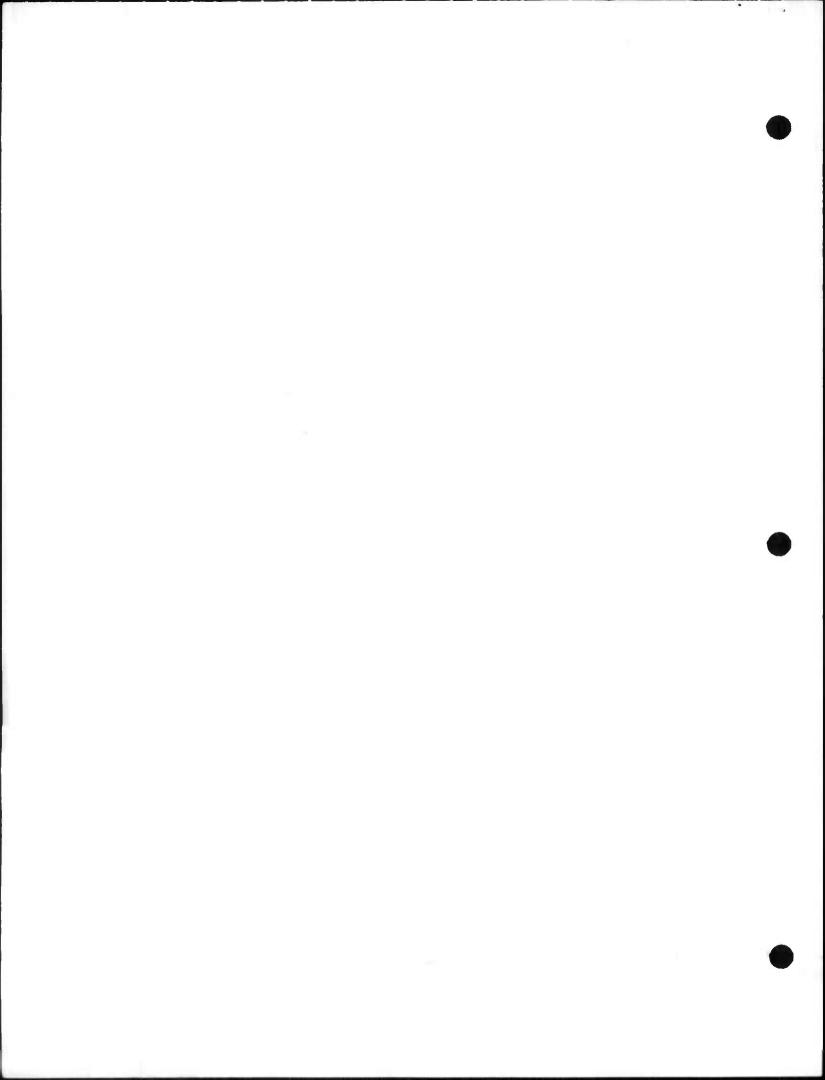
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last) RIDA	AL	LEN			2. DATE OF DEATH MONTH		3. TIME OF DEATH				
		5. SEX 8. AGE (In	yrs. last birthday)	7. DATE OF BIRTH		J. BIRTHPLACE (State or Forei	Man					
			2 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-18-2(- 11	Virgini	-			
l ac	9a. FACILITY NAME (If not institution, give street	of and number)			OR LOCATION OF D	EATH	9c. COUNT	Y OF DEATH				
2	MERCY HOSPITAL RESIDENCE OF DECEDENT			BALTIM	ORE							
DIRECTOR	MD 106. STATE			TOWN OR LOCAL			10d. INSIDE CITY LIMITS? X(X) YES 2 □ NO					
FUNERAL	100. STREET AND NUMBER 5701 DENWOOD A	VENUE			1. ZIP CODE			EN OF WHAT COUNTRY?				
S		12. WAS DECEDENT EVER IN I	J.S. ABMED			NIC ORIGIN? (Specify Y	1	4. RACE — American Indian,				
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2)(_)(NO	If yes, sp	ecify Cuban, Mexico 2 X NO Specific	en, Puerto Rican, etc.)		Black, White, etc. Specify: BLACK	•			
	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION (mpleted)	6a, DECEDENT'S U	SUAL OCCUPATION And done during mo	ON st of working	16b. KIND OF B	SINESSUNDUS	PRINTY				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) YY • 2	2ND CLA	retired.)		PUBLI	SCHO	COUNTY OOLS				
Ö	17. FATHER'S NAME (First, Middle, Last) GEORGE BYRD				18. MOTHER'S NA	ME (First, Middle, Maide	Sumama)		_			
BE (HORSEY						
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To						
	JAMES ALLEN 20 METHOD OF DISPOSITION	The second secon				BALTIMOR						
	1 Donation 5 Other (Specify)	al from State 20b.P	LACE AND DATE OF	DISPOSITION (Na Br place) NAT	CEMETE	RY BA		RE, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICEN		TITORE		D ADDRESS OF FA		2 1 2 1 1 0 1	,	_			
	> Fraci	1845	9	The second second		H./1101 E						
	23. PART I. Enter the diseases, or cor shock, or heart fellure. Lis	mplications that caused to	he death Do no	t enter the mo	de of dylng, suc	h aa cardlec or resp	olratory arres	Approximate				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Possible A Eurte M I											
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
8	cause. Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):									
H	d.											
AL C	PART II. Other algnificent conditions	contributing to deeth but	not resulting In	the underlying	g ceuse given in	Part I. 24a. WAS A		24b. WERE AUTOPSY FIND				
1 / 5	Daro.					PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAU				
ME.								OF DEATH?	,			
ä 📜												
S		OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)						
HYS	1 YES 2 1 NO 1	28s. DATE OF INJURY										
	1 Natural 5 Pending	(Month, Day, Year)	INJURY OCCUP	₹ED								
р Ву	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY — At home, tarm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Nu										
	4 Homicide determined	ounding, are. (Specify,				City or Town, State)					
COMPLETED	290. CERTIFIER (Check only	AN: To the best of my knowled	ge, death occurred	at the time, date	and place, and dua	to the cause(s) and me	nner se stated.					
0.0		On the basis of examination a							ed.			
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	ABER	29d. DATE S	NGNED (Month, Day, Year)	\neg			
TO B	Amorga M	· D ·			21714	.8	D 4	-23-53	ł			
-	20. NAME AND ADDRESS OF PERSON WHO CO	COMPLETED CAUSE OF DEATH	706 ld	onfors	nd.	DOUTE, A	0 24	214				
	APR 26 1993 Julia	PERECISTRATOR SIGNAT	VRE									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ID THE HOSPITAL OR ATTENDING PHYSIGNAT: The iew requires that the ceath centre of THE FUNESAL DIRECTOR. After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Merial Hygiens IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other
--

	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIE						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	J.	3. TIME OF DEATH				
	GABRIELLE D	ene AD	DISON			04 2	3 °	2:31 AM				
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In y		UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign				
	218-27-3919	1 □ M 2 📈 F 3	YRS.	ONTHS DAYS	HOURS MIN.	1 - 7 - 9 0		MD MD				
_	9a. FACILITY NAME (If not institution, give stre		9	L CITY, TOWN O	R LOCATION OF D	EATH	9c. COUNTY	OF DEATH				
DIRECTOR	JOHNS HOPKINS	HOSPITAL		BALTI	MORE C	ITY						
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY I	OWN OR LOCAT	ION			10d. INSIDE CITY				
18	MD		100.011,	Balti				LIMITS?				
	10e. STREET AND NUMBER				ZIP CODE		10a CITIZEN	1 X YES 2 NO				
ER/	1316 Ensor St.				202		USA					
FUNERAL		12. WAS DECEDENT EVER IN U.S				NIC ORIGIN? (Specify Y		. RACE — American Indian,				
BY F	1 Never Married 2 Married	FORCES? 1 YES 2		If yes, spe	city Cuban, Mexico 2 X NO Specia	an, Puerto Rican, etc.)		Black, White, etc.				
	3 Widowed 4 Divorced				44			Black				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ATION 18s	Give kind of work	done during mos	N at of working	16b. KIND OF B	JSINESS/INDUS	TRY				
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use n	etired.)								
N N	Child 17. FATHER'S NAME (First, Middle, Last)		child									
	Willie Addison	Jr.			Cvnth	ia Smith	n Surname)					
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILING AT	DDESC /Street or		Route Number, City or To						
은	Willie Addison	Jr.	1316 E	nsor	St./Ba	ltimore,	MD 21	202				
	20 METHOD OF DISPOSITION	20b. PL/	ACE AND DATE OF E	ISPOSITION (Nar	ne of	DATE 20c. L	DCATION — City					
	1 🛱 Buriel 2 🗆 Cremation 3 🗆 Remov 4 🗆 Donation 5 🗆 Other (Specify)	rel from State corneter	1 ane your	alley	Cemete			Valley, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICEI			4-	D ADDRESS OF FA			<u> </u>				
	1	VA	-	LIM C	MADCI	J E U /1	101 5	NORTH AVE.				
	23. PART I. Enter the diseases, or co	mplicetions that caused the	e death. Do not									
	snock, or neart failure. Li	et only ona cause on aech	line.		or dying, soc	in as calculate of 163	matory sitest	interval Between				
	IMMEDIATE CAUSE (Final disease or condition	Sink -	H. 111	10010	~			Onset and Death				
	resulting In death) s. Show the transfer of t											
Z	Sequentially list conditions, Due to (or as a consequence of):											
15	If any, leading to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):									
2	CAUSE (Disease or Injury		10,000									
	that initieted events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):									
CERTIFICATION	d.											
ايا	PART ii. Other significant conditions	contributing to deeth but n	ot reaulting in t	he underlying	ceuee given in	Part I. 24a. WAS A	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
MEDIC/						1 _ YES	AMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
WE						4. 0	3	1 YES 2 NO				
ä						- MANA	am					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck anly one)						
YSI	XXYES 2 NO	Inpetient 2 ER/Outpetier		THER: Nursing Home	5 Residence	8 Other (Specify)						
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			28d. DEŞCRIBE HOW	INJURY OCCUR	ED				
B	2 Accident Investigation	04/23/1993	1.20		ES 2 NO	VICTIM (F HOU	SE FIRE				
유	3 Suicide 4 Homicide See. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) HOME 286. PLACE OF INJURY — At home, farm, street, factory, office City or Yown, State)											
<u> </u>	29a. CERTIFIER					1316 NOF		SOR STREET				
COMPLETED	(Check only 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge										
00	ZA MEDICAL EXAMINER:	On the beals of examination and	l/or investigation, i	n my opinion, de	eth occured at the	time, data and place, a	nd due to the ca	nuse(a) and menner as stated.				
BE	294. SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUM			GNED (Month, Day, Year)				
2	39. NAME AND ADDRESS OF PERSON WHO	COMPONENT CONTRACT CO	4		O.C.M	• E	▶ 04	/23/1993				
	LIM LAD ADDRESS OF PERSON WHO				זגם חבי	TIMORE, M	ADVIN	ND 21201				
	31: DATE PILED (Month, Day, Year)	THE REGISTRAR'S SIGNATUR		. OINE	THT DAT	TITOKE, N	ARILA	ND STSOT				
	APR 26 1993 4	Taile De	10									
	חות כככו טאחוח	of maritimes - Marine	06									

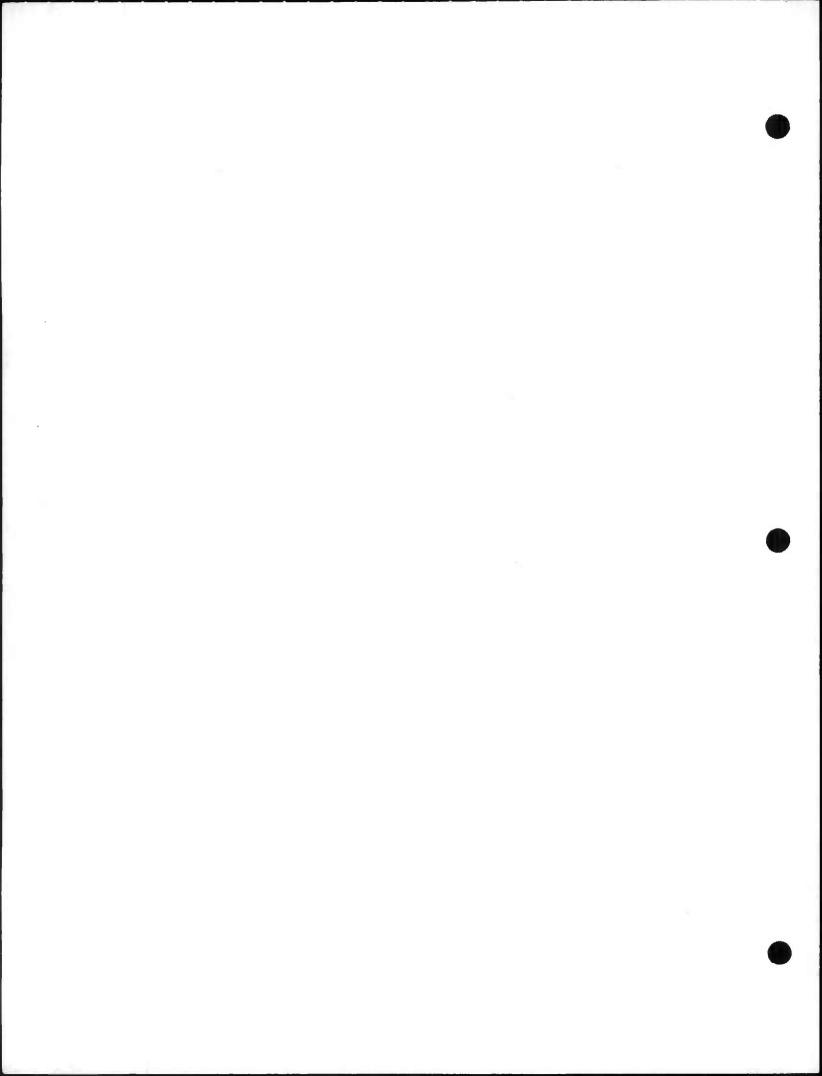


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosonital no arranding observing	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	with the state begin, or regain and mental hygiene prior to burial, cremanon, or removal. The medical or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	RECTOR: After this certificate has been signed by the attending physician	med writin 72 nows after death with the State Dept. of Reath and wellfar hydrere prior to burlar, cremation, of femoval. PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
TO THE HOSPITAL OF	TO THE FUNERAL OIF	IMPORTANT; If item 28 is mark

							93	11765		
	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF HEALTH A	AND MENT H	AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) MELODY Dia	nn ADD	SON		2. DA 0 40	TE OF DEATH	93	3. TIME OF DEATH 2:31 A M		
	4. SOCIAL SECURITY NUMBER 212-27-2939	5. SEX 6. AGE	(In yrs. lest birthday) 4 YRS.	IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS	Men (Mc	E OF BIRTH th, Day, Year) 0 - 28 - 88 BIRTHPLACE (State or Foreign Country) MD				
<u>۳</u>	9a. FACILITY NAME (If not institution, give a JOHNS HOPKINS			9b. CITY, TOWN OR LOCATION BALTIMORE			9c. COUNTY	OF DEATH		
ן בַּ	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	v	40- 017	Y, TOWN OR LOCATION						
DIRECTOR	MD			ltimore				10d. INSIDE CITY LIMITS? 1XXYES 2 NO		
FUNERAL	1316 Ensor S	† .		101. ZIP CODE 2 1 2 0 2)		USA	OF WHAT COUNTRY?		
N S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF	HISPANIC ORK			RACE — American Indian,		
B≺	1 N Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	DATES NO	If yes, specify Cuben,	Mexicen, Puert Specify:	o Ricen, atc.)		Black, White, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of a		1	6b. KIND OF BUS				
OME	17. FATHER'S NAME (First, Middle, Last)		chi		O'S NAME /Eiro	t, Middle, Maiden	Cumanal			
BE C	Willie Addisor	n Jr.			thia		surname)			
TO B	190. INFORMANT'S NAME (Type/Print) Willie Addisor	n Jr.		ADDRESS (Street and Number of Ensor St.	r Rural Route Nu	mber, City or Town				
	20e, METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Rem	20	b. PLACE AND DATE	F DISPOSITION (Name of	D/	TE 20c, LO	CATION - City	or Town, State		
	4 Donation 8 Other (Specify)		DuTanéy	he Vacelley Cem		Dul	aney	Valley, MD		
	• V	14		22. NAME AND ADDRESS			1 -	NORTH AVE.		
NO	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):									
CERTIFICATION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significent condition	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE							
PHYSICIAN: MEDICAL						1 VES 2	TTV-	OF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEA	TH (Check only	Oue)	01.			
1 5	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 DOA	OTHER: 4 □ Nursing Home 5 □ Reel						
2			28b. TIM	OF 28c. INJURY AT WORK?	28d. D	ESCRIBE HOW IN				
PHYS	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	O O I INJ		ICTIM OF HOUSE FIRE					
B	1 Netural 5 Pending 2 Accident Investigation	04/23/19	93 1:2	6AM 1 □ YES 2 XI						
B	1 Netural 5 Pending	(Month, Day, Year)	93 1:2 7 – At home, ferm, a	6AM 1 □ YES 2 XI	281. LC	OCATION (Street a	nd Number or F	tural Route Number,		
B	1 Neturel 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only	(Month, Day, Year) 04/23/19 29e. PLACE OF INJUR building, etc. (Spe	93 1:2 Y - At home, ferm, a Cify) HOME	6 AM 1 VES 2 XXX treet, factory, office d at the lime, date end place, e	28f. LC CA 131	OCATION (Street all by or Town, State) 6 NOR ause(e) and man	THEN:	Rural Route Number, SOR STREET		
COMPLETED BY	1 Neturel 5 Pending Investigation 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only	(Month, Day, Year) 04/23/19 28e. PLACE OF INJUR building, etc. (Spe CIAN: To the best of my know	93 1:2 Y - At home, ferm, a Cify) HOME	6 AM 1 ☐ YES 2 XXX treet, factory, office d at the Ilme, date end place, e n, in my opinion, death occurred	28f. LC CA 131 and due to the d	OCATION (Street all by or Town, State) 6 NOR ause(e) and man	THEN:	Rural Route Number, SOR STREET		
B	1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 29b. SIENATURE AND TITLE OF CRETIFIER WALLS AND TITLE OF CRETIFIER OTHER OF CRETIFIER OTHER OF CRETIFIER OTHER OF CRETIFIER OTHER OF CRETIFIER	O 4 / 2 3 / 1 9 28e. PLACE OF INJUR' building, etc. (Spe	93 1:2 r – At home, ferm, a crity) HOME	6 AM 1 □ YES 2 XIV treet, factory, office d at the Ilme, date end place, e n, in my opinion, death occurred 29c. LICEN ○ ○ ○	28f. LC CA 131	OCATION (Street all by or Town, State) 6 NOR ause(e) and man	TH EN Some resisted. If due to the calculate	SOR STREET		
BE COMPLETED BY	1 Neturel 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 29b. SIENATURE AND TITLE OF CRETIFIER WALLS AND TITLE OF CRETIFIER OTHER OF CRETIFIER OTHER OF CRETIFIER OTHER OF CRETIFIER OTHER OF CRETIFIER	(Month, Day, Year) 04/23/19 28e. PLACE OF INJUR building, etc. (Spe CIAN: To the best of my know	93 1:2 Y - At home, ferm, a Crity HOME HOME wiedge, death occurre on end/or investigation	6 AM 1 □ YES 2 XIV treet, factory, office d at the ilme, date end place, e n, in my opinion, death occurred 29c. LICEN ○ ○ ○	28f. LG CR 1 3 1 and due to the c d at the time, da SE NUMBER C . M . E	OCATION (Street a ty or Town, State) 6 NOR* susse(s) and man te and place, and	THEN THE STATE OF	SOR STREET Deuse(e) and manner se stated. GNED (Month, Day, Year)		

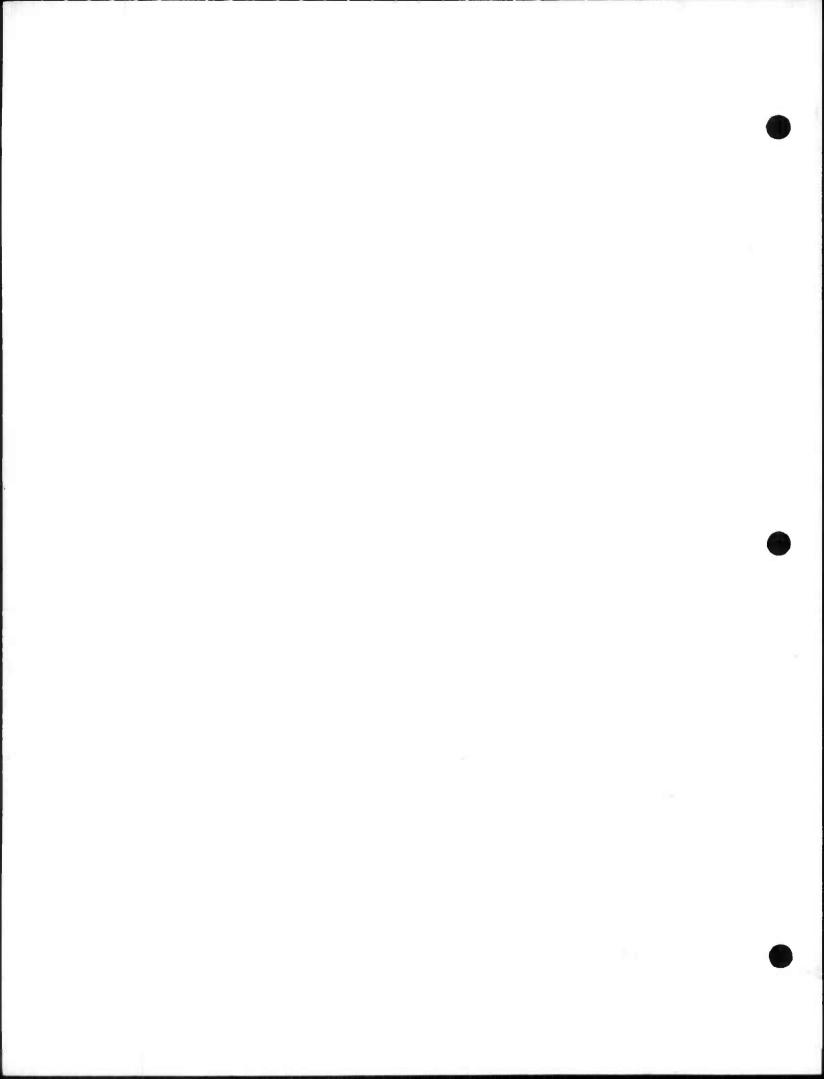




DIVISION OF VITAL RECORDS, P.O. BOX 68760, CITEL DR ATTENDING PHYSICIAN: The law re-

nysician.	unial-transit permit Panes 1 2 3 should	200000 17 1 00000	
arter utativi, maye o may be retained by the hospital or attending p	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hural-transit nermit Panes 1.2.3 should		be notified at once.
within 24 inchis after usatif, rays of m	mpletely filled in by the funeral director.	cremation, or removal.	ANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
A STATE OF THE PROPERTY OF THE	ned by the attending physician and cor	illim 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	any injury, or other traumatic e
one in older, the law legelles	After this certificate has been sign	death with the State Dept. of Heal	s marked, or item 23 shows
A CHICAGO	CAREMAL DIRECTOR	ithin 72 hours after	VAT: If item 28

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA	AND / [DEPAR	TMENT I	OF H	EALTH	AND	MENT				ŧ	1/60	
	1. DECEDENT'S NAME (First, Middle, Last)		_	CEI	NIIF	ICATE	OF	DEA	ın	Lan		EG. NO				
	ANGELA Nico	10	ADDI	SON						d ⁴ 2	TE OF E	23 th	NY (YEAR	3. TIME OF DEATN 2:31	7
	4. SOCIAL SECURITY NUMBER	5. SEX		n yrs. last t	hirthrian)	IF UNDER 1	/EAD	IE IMPE	R 24 HRS.	, ·						A N
	212-27-4755	1 □ M 2X□X F	M 2/CX F 6 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)										LACE (State or Fort	ugn		
~	9a. FACILITY NAME (if not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN BALTIMORE CITY										9c. COUN	TY OF DE	ATN			
DIRECTOR	RESIDENCE OF DECEDENT	HOSPIT.	AL			BAL'	LIM	ORE	CI	ΤY						
<u> </u>	10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN OR	LOCAT	ON							10d, INSIDE CITY	
1 8	MD				В	altin	nor	e							LIMITS?	
	10e. STREET AND NUMBER						-	ZIP COD	E				10a. CITIZ		AT COUNTRY?	40
EN.	1316 Ensor St.						2	120	2					SA		
FUNERAL	11. MARITAL STATUS	U.S. ARMI	ED	13. WA	S DEC	NDENT (OF HISPA	NIC ORI	GIN? (Sc	ecify Yes			- American Indian			
	1 X Never Married 2 Merried	FORCES? 1	YES	2 NO		lf y	es, spe	city Cub	en, Mexica Specif	en, Puer	to Ricen	etc.)		Black,	White, etc.	14
BY	3 Widowed 4 Divorced		771 1361			1	100	- A 110	орвон	у.			- 1	Specify	Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)		10e. DECE	EDENT'S	USUAL OCC	JPATIO	N t of worki	na	- 0	i6b. KINI	OF BUS	INESS/IND	USTRY		
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)			vork done dur e retired.)	ing inoc	t or works	'ry							
MP	lst			stu	uen	L										
8	17. FATHER'S NAME (First, Middle, Last) Willie Addisor	l ln							HER'S NA				Sumame)			
BE		ı or.							nth							
10	19e. INFORMANT'S NAME (Type/Print)					ADDRESS (S										
-	Willie Addisor			1.	316	Ens	or	St.	/Ba	lti	mon	re,	MD 2	2120	2	
	29a_METNOD OF DISPOSITION 20b_PLACEAND DATE OF DISPOSITION (Name of															
	ANSuriel 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY															
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	1			22. NA	ME AN	ADDRE	SS OF FA	CILITY						
	1	123		7		- WM	С.	МΑ	RCH	F.	Н.	/11()1 E	. NO	RTH AV	F.
	23. PART I. Enter tha diseases, Dr C	omplications the	t ceused	tha daat	h. Do'n										Approximat	
	ehock, or heart failure. L IMMEDIATE CAUSE (Final	let only one ceu	ise on aa	ch lina.		1									Interval Bet Onset and I	tween
	disease or condition a. SHOKE SHOKE SHOKE												Deeth			
	DUE TO (OR AS A CONSEQUENCE OF):															
z	Sequentially list conditions b.															
[일]	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):															
\ <u>8</u>	CAUSE (Disease or Injury															
	that initiated events DUE TO (OR AS A CONSEDUENCE OF):															
CERTIFICATION	resulting in death) LAST															
2	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												DINOS			
8							.,	-	g., o., .,			PERFOR	MED?		WAILABLE PRIOR TO	0
MEDICA	-										1 [YES 2	NO		OF DEATH?	995
											1	21/15	an	. '	YES 2 NO	9
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			-				05.05.5								
100	EXAMINER?	HOSPITAL:			7	OTHER:			EATH (Ch							
PHYS	27. MANNER OF DEATH	26e. DATE OF			28b. TIME	4 Nursing	Nome		aldence	_						
	1 Natural 5 Pending	(Month, D	(199)	- 1	INJ	JRY	WOF		V _{NO}				JURY OCC		DIDE	
В	2 Accident Investigation 3 Suicide A Could get be	28e. PLACE O						2 2	Vuo		CTI		F HC		FIRE	
윤	4 Homicide determined	building,	atc. (Specif)	HOM		reat, rectory.	Office			C	1 6	n, State)	OR S			
COMPLET	29a. CERTIFIER														<u> </u>	
₩ M	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	: On the best of	my knowled	edge, death	occurre	d at the time	date	nd place	, and dua	to the	ause(s)	end men	ner es state	d.		
8		. On the basis of a	ummanon (europe illa	estigation	i, in my opin	ion, de	eth occur	red at the	time, da	ite end p	place, end	due to the	ceuse(s)	and menner es atat	ted.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1 - 1.							. C . I				29d. DATE	SIGNED (fonth, Day, Year) / 1993	
0	MANUACE INC	400							1				P 04	/ 23	, 1000	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEAT	TN (ITEM 2												
- 11	MISIANSKAN I	1 20 0000	WM	111	PE	ENN S	TR	EET	, BAI	LTI	MOR	E,M	ARYL	AND	21201	
			WINDLE STA	TIME												
	31. DATE FILED (Month, Day, Year) APR 2 6 1993 9	2. 1	S SIGNA	Pag												



to with constitution and pervisional the law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hos	THE TO WAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the standard through and Married Harless Reports to hands the second of Married Harless Reports to hands the second of Married Harless Reports to hands the second of Married Harless Reports to hands the second of Married Harless Reports to hands the second of Married Harless Reports the Second of Married Harless Reports the Second of Married Harless Reports th	MPDRIANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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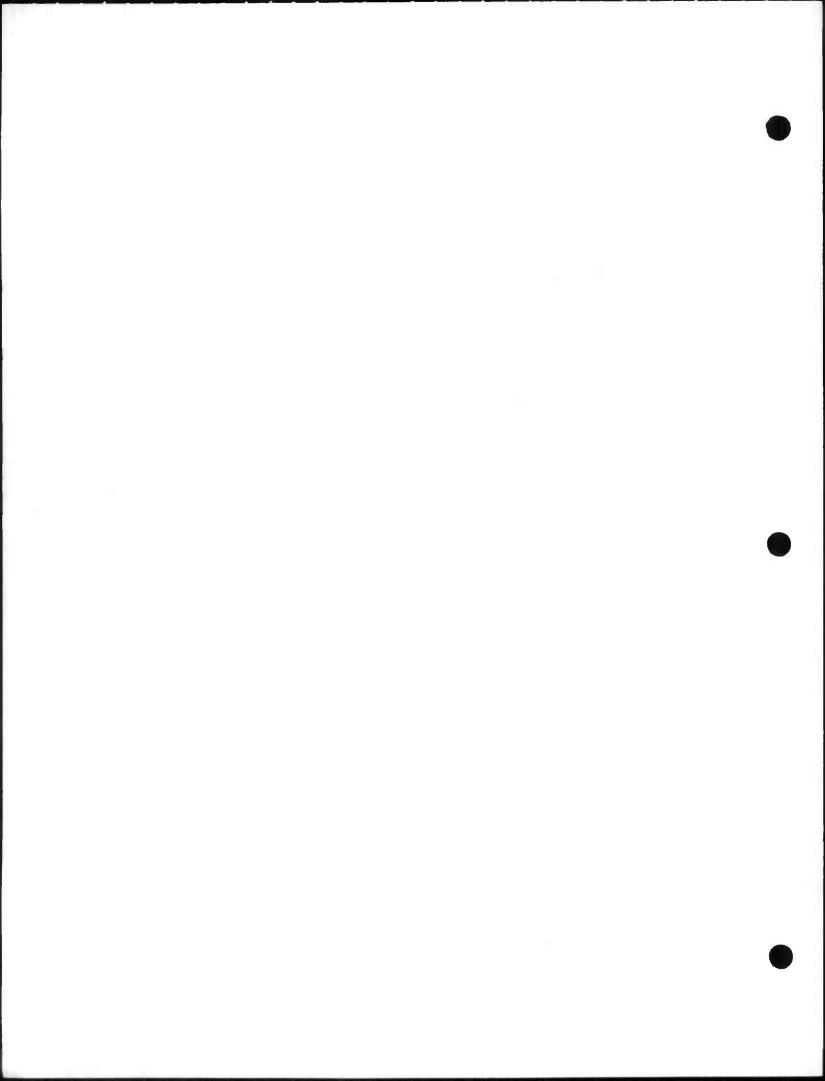
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)

BRITTANY YVONNE ADDISON

4. SOCIAL SECURITY NUMBER
5. SEX
6. AGE (In yrs. Inst birthday) | F under 1 year | F under 24 hrs. 7, DATE OF DIRTH | 8. BIRTHPLACE (State or Forelace)

	1. DECEDENT'S NAME (First	l, Middle, Last)								2. DATE OF DEATH		3	. TIME OF DEATH
	BRITTANY	Yvo	onne	AI	DDISC	N				04 23 93			:31 A M
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Is	st birthday)		R 1 YEAR	IF UNDER 2		7. DATE OF BIRTH		S. BIRTHPL	ACE (State or Foreign
	217-31-390	_	1 🗆 M 2 💢 F	2	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 2 - 6 - 91	Country) MD		
E E	So. FACILITY NAME (If not in JOHNS HO	PKINS	HOSPIT	'AL				OR LOCATION			9c. COL	INTY OF DEA	
DIRECTOR	RESIDENCE OF DEC												
E	MD	10b. COUNTY				Y, TOWN					d. INSIDE CITY LIMITS?		
	10e, STREET AND NUMBER	<u> </u>				Balt				-	XYES 2 NO		
RA	1316 Enso						10	2120	2		1		AT COUNTRY?
FUNERAL	11, MARITAL STATUS	RMED	142	W# 0 05					SA				
BY FL	1 Never Married 2 3 Widowed 4 Divo	(10		If yes, sp	ecity Cuben,	Maxican Specify:	C ORIGIN? (Specify Yo, Puerto Rican, etc.)	e or No-	Black, V	American Indian, White, etc.			
	15, DEC	EDENT'S EDUC	CATION	18a D	ECEDENT'S	HEHAL O	CCUBATI	ON		16b, KIND OF B	10111500 1111		TACK
COMPLETED	(Specify onl	y highest grade	completed) College (1-4 or 5-	(0	Give kind of a e. Do NOT us	work done	during me	ost of working		TOD, KIND OF B	JOINESS/IN	DUSTRY	
립	child	,	Conege (1-4 of 5 4		child	d							
Š	17. FATHER'S NAME (First, M				18. MOTHER					E (First, Middle, Maide	Sumame)		
BE	Willie Ad	dison	Jr.					Cyn	thi	a Smith			
2	19a. INFORMANT'S NAME (1		,							oute Number, City or To			
- 1	Willie Ad		0		1316	Ens	or	St./	Ba1	timore,	MD	21202	
	20g. METHOD OF DISPOSIT 1 ☑ Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	and Date of Disposition (Name of particle of the policy of other policy of the policy								COCHE COCHE			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DUTANCY VATIEY CEMETERY DUTANCY VATIEY CEMETERY DUTANCY VATIEY CEMETERY DUTANCY VATIEY 22. NAME AND ADDRESS OF FACILITY												
	1 Fora	7	W	IM C	. MAI	RCH	F.H./1	01 1	E. NO	RTH AVE.			
_	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardlec or respiratory arreat, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):												
	PART ii Other elgoifice	ot condition	contribution to	dooth but not	not resulting in the underlying ceuse given in i								
EDICAL	TAIT II. Other argumea	THE CONDITIONS	contributing to	death but not	resulting i	n the ur	ideriyin	g ceuse giv	ven in P	Part I. 24e. WAS AU PERFO	RMED?	AW	ERE AUTOPSY FINDINGS AILABLE PRIOR TO
										1 YES	2 NO		MPLETION OF CAUSE DEATH?
5 K										- Duson		ا ا	YES 2 NO
¥	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF DEA	TH /Char		-111		
PHYSICIAN: I	EXAMINER?		HOSPITAL:	FR/Outpetlant 1	X DOA	OTHER	R:						
Ė	27. MANNER OF DEATH		28a. OATE OF	INJURY	28b, TIM	E OF	28c. INJ	URY AT		Other (Specify) 26d. DESCRIBE HOW	INJURY OC	CURED	
		Pending Investigation	04/23	71993	1:2	6A	1 🗆 1	PES 2 1		VICTIM			FIRE
BÁ	2 Decides	Could not be	28e. PLACE O	FINJURY — At he	ome, ferm, a	treet, fact	lory, offic	•		281, LOCATION (Street	and Number	or Rural Rout	e Number,
COMPLETED		detarmined	bullaing,	etc. (Specify)	HO	ME			_ :	1316 NOF	TH E	ENSOR	STREET
٦ ٣	29a. CERTIFIER (Check only	IFYING PHYSIC	IAN: To the best of	my knowledge, de	eth occurre	d at the t	lme, dete	and place, a	nd due to	o the cause(a) end ma	nner se ete	ted	
N N	one) 2 MEDI	CAL EXAMINER	t: On the beals of an	amination end/or	Investigation	n, in my o	pinion, d	eath occured	f at the fi	me, date end place, a	nd dua to th	te Cause(e) ar	nd manner as stated.
	29b. AGNATURE AND TITLE		1/			-		29c. LICENS					onth, Day, Year)
BE	Mouleson	Ine	yh, ll						C.N			/23/	
2	30, NAME AND APORESS OF	PERSON WHO	COMPLETED CAUS	-		00	C.m.						
	31. DATE FILED (Month, Day,	Year)		R'S SIGNATURE	TT P	CIVIN	21.	KEET	BAI	LTIMORE,	MAKY	LAND	21201
	APR 26 199	- /	lie Davidson	- Mandell									



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

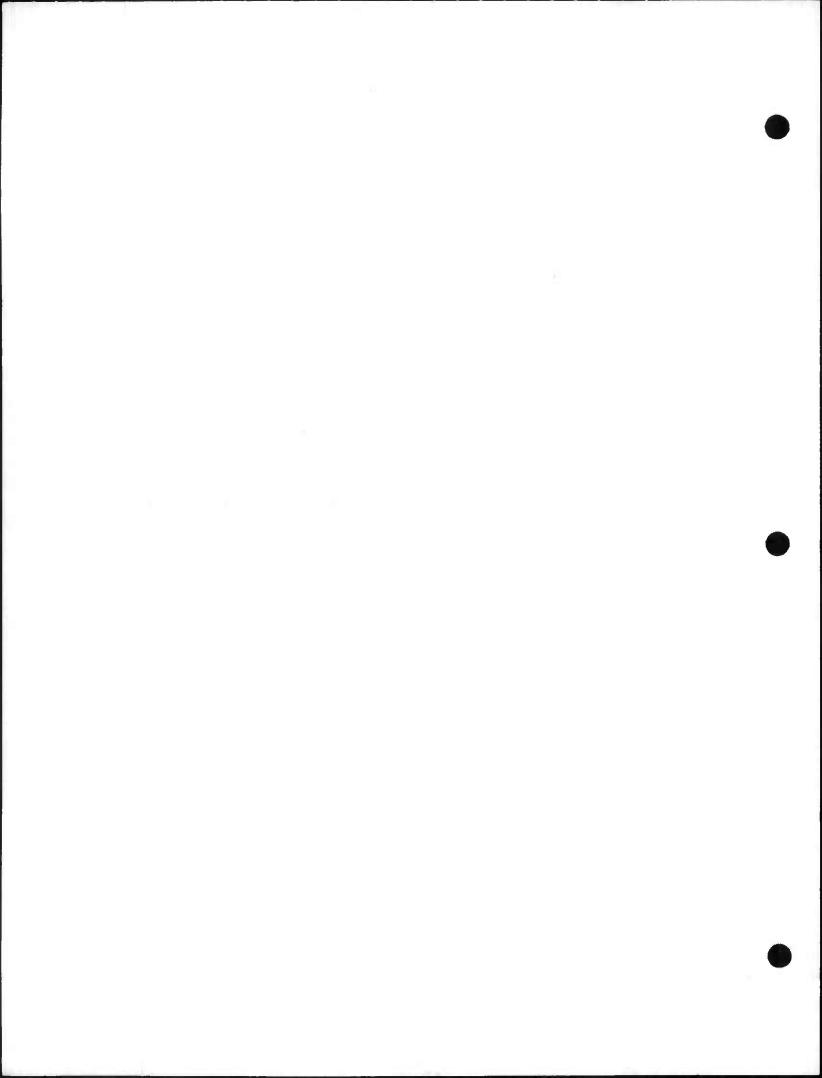
10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	s certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPORTANT if Ilem 28 is marked in Ilem 23 shows any injury or other traumatic event the medical assembles assemble to a marked or the medical assembles assemble to a marked or the medical assembles as a marked or the marked or
ENDING	R: After	er death	Is ma
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2 IN	THE	be filed	MPOR
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	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPART	MENT OF	HEALTH AND	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		20	3. TIME OF OEATH			
	ASHLEY Rene	e A	DDISON	J			0.4 2	AY O	YEAR 93	2.21 . 1			
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	3	93 2:31 8. BIRTHPLACE (State or				
	212-27-4756	1 🗆 M 2 💢 F				HOURS MIN.	(Mosth Dar Vand a		" MD				
	9a. FACILITY NAME (If not institution, give	street and number)			OL CITY TOWN	OR LOCATION OF C	<u> 17-31-87</u>						
DIRECTOR	JOHNS HOPKINS	HOSPITA	L			ORE CI		EATH					
[]	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TV .											
E	MD	•			TOWN OR LOCA			10d. INSIDE CITY LIMITS?					
9				Dd	ltimor	е				1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER				10	f. ZIP CODE			HAT COUNTRY?				
Ü	1316 Ensor St.					21202			USA				
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MEO	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No	14. RACE	- American Indian,			
7	1 Never Married 2 Married	FORCES? 1	R OR DATES	10	If yes, s	ecify Cuben, Mexic 2 X ND Speci	an, Puerto Ricen, etc.)		Black,	, White, etc.			
84	3 Wildowed 4 Divorced					I (A) the speci	·y.		Specin	Black			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	JCATION COMPRISED	16a. DE	CEDENT'S U	SUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/IN	DUSTRY				
Ш	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(GI	Do NOT use	ork done during m retired.)	ost of working							
립	child		ch	ild									
8	17. FATHER'S NAME (First, Middle, Last)					40 MOTHEDIO N	AME (First, Middle, Malden						
	Willie Addisor	ı dr.				Cynthi	a Smith	Sumame)					
8	19a. INFORMANT'S NAME (Type/Print)												
2		3.0	198	MAILING A	ADDRESS (Street	and Number or Rural	Route Number, City or You	n, State, Zij	p Code)	0			
-	Willie Addison Jr. 1316 Ensor St./Baltimore, MD 21202												
	20e. METHOD OF DISPOSITION	novel from State			DISPOSITION (N				City or Tow				
	1 N Buriel 2 Cremetion 3 Removal from State 4 Donalion 5 Other (Specify)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FACILITY												
	WM C. MARCH F.H./1101 E. NORTH AVE.												
	7 8 2		2	7						RIH AVE.			
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.												
- 1	IMMEDIATE CAUSE (Finel Interval Between												
- 1	diseese or condition resulting in death)	ONOV.	1.4	Jana	Antr	ر							
	resulting in death)	DUE TO (C	OR AS A CONSEC	UENCE OF	75111			-					
-	DOE TO (ON AS A CONSEQUENCE OF):												
Õ	Sequentielly list conditions,	b. DUE TO (C	OR AS A CONSEC	LIENCE OF						-			
F	th any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury	C. DUE TO 40	R AS A CONSEC	HENOR OF									
Ē	that initiated events resulting in death) LAST	DOL 10 (0	A CONSEC	DENCE OF):									
		d											
- II	PART II. Other significant condition	ns contributing to d	eath but not re	eaulting in	the underlyin	ceuse alven in	Part I. 24a. WAS AN	ALITODOV	0.00	WEDE ALIEDADA ENGUADA			
5		-,	ACT - 17 A		the enderlyin	g couse given in	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ā	1 TES 2 1 NO								COMPLETION OF CAUSE OF DEATH?				
ž								. T =		1 YES 2 NO			
PHYSICIAN: MEDICAL							31112	EUIT	1				
إ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. P	ACE OF DEATH (Ch	eck anly one)						
) 	XXYES 2 NO	HOSPITAL: 1 Inpetient 2 E	ER/Outpatient 33		OTHER:	a 6 Decidence	8 Other (Specify)						
≟ ∥	27. MANNER OF DEATH	28a. DATE OF IN		28b. TIME									
Tending O.4 / 2.2 / 1.0.0.2 1.0.0.4 1 YES 2 NO								NJONI OC	CORED				
										EFIRE			
								r or Rural Ro	oute Number,				
Ē			П(JP1E			1316 NOR	TH_F	ENSO	R_STREET			
4	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, des	th occurred	at the time, date	and place, and due							
<u>ح</u>	298. CERTIFIENT (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
ರ 🏻	NO. SURVIVOR AND THE AS A PROPERTY.												
8	2914 SIGNATURE AND TITLE OF CERTIFIE	29c. LICENSE NUI	29d. DATE SIGNED (Month, Day, Year)										
2	Manue Went	nuc				O.C.M	1. E	▶04	1/23/	23/1993			
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH CITEM	177 (Kma 0	Aminut l								

111 PENN STREET, BALTIMORE, MARYLAND 21201

1993

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

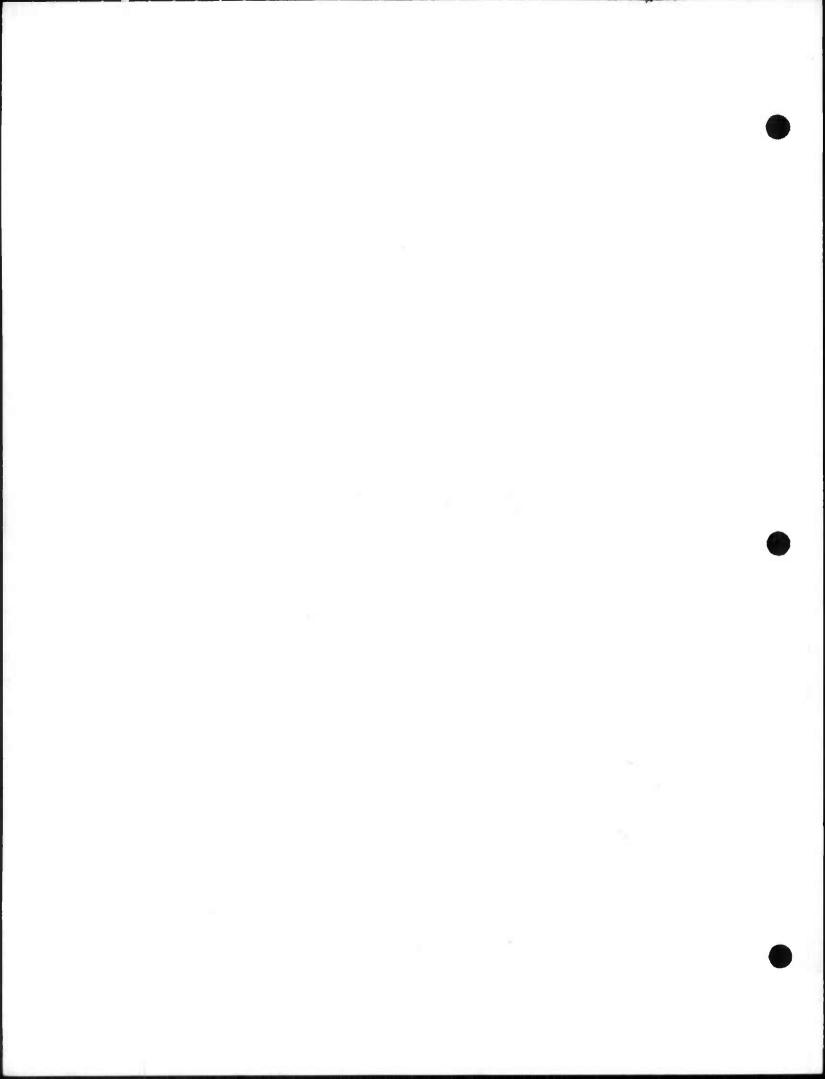


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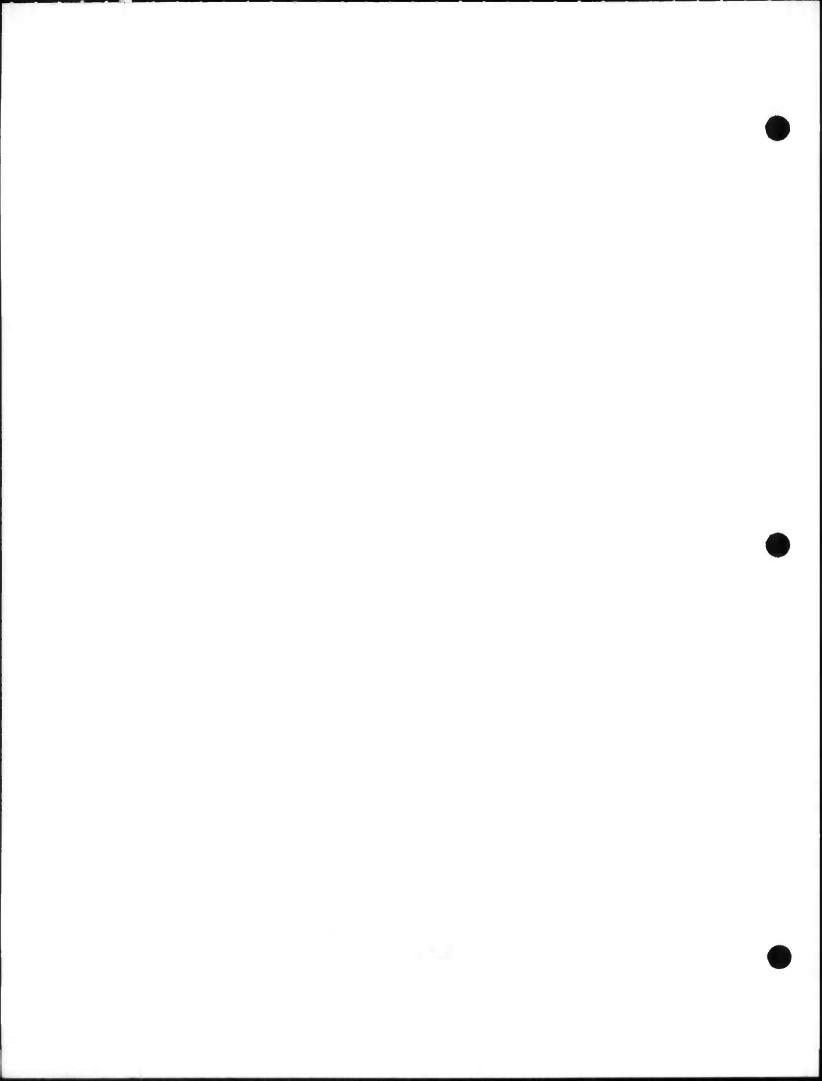
STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	TH.		BEG NO

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. QECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH										
	MARGARET A. BASS				MONTH O/	18	1993	10:50 A M			
1 .	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTH	8. BIRTHPLACE (State or Foreign			
	214-233-3235 10 M 2 DF 7/	YRS.	MONTHS DAYS	HOURS MIN.	(Month, D.	F. 21	Countr	Country) MD			
1	9a. FACILITY NAME (If not institution, give atreet and number)		9b. CITY, TOWN (OR LOCATION OF			COUNTY OF D				
8	BON SEEDLIES HOSP		BALT	Turost	414		BALTO	CITY			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY										
<u>=</u>	LANCE TO SERVICE TO SE	10c. CIT	Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?			
	MD.		BALTIN					1 YES 2 NO			
FUNERAL			101	f. ZIP CODE		10	g. CITIZEN OF V	HAT COUNTRY?			
N.	2446 W. BALTIMORE STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			21223			USA.				
F	to- 14. RACE Black	14. RACE — American Indian, Black, White, etc.									
The specify: Specify											
ED	15. DECEDENT'S EDUCATION 16a. DE	CEDENT'S	USUAL OCCUPATION	DN	16h KII	D OF BUSINES		LACK			
<u> </u>	(Specify only highest grade completed) (G. Elementary/Secondary (0-12) College (1-4 or 5+)	ive kind of v. Do NOT us	work done during mo ne retired.)	ist of working	1300	TO OF DOGINE	50/11/500/11/1				
릴		CA	TERER								
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Midd	le, Maiden Surni	ame)				
BE (MA	RY						
10 B	19a. INFORMANT'S NAME (Type/Print) 19t	b. MAILING	ADDRESS (Street a	and Number or Run	l Route Number,	City or Town, Sta	ate, Zip Code)				
F	KAREN MILLER 27	726 E	. MADISC	ON STREE	T, BAL	CIMORE,	, MD. 2	1205			
			OF DISPOSITION (Na	ame of	DATE	20c. LOCATIO	ON — City or To	wn, State			
	4 □ Donation & □ Other (Specify) BALT1	IMORE	NAT'L C	CEMETERY		WOODI	LAWN. M	ARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	ND ADDRESS OF	ACILITY						
	· Wall	J	JOSEF	PH H. BR	OWN JR	FUNE	RAL HOM	E, P.A.			
\neg	23. PART I. Enter the diseases, or complications that caused the de	ath. Do r	of enter the mo	de of dying au	ch as cardiac	LIO. MD	. 21223;	P.O. BOX 4433			
	shock, or heart fellure. List only one ceuse on each line		V.	/ 1		A	iy aireat,	Interval Between			
	IMMEDIATE CAUSE (Final disease or condition Conset and Death										
]	resulting in death)	DUENCE OF	n:	0'			- (_	-			
2	- bonemon										
CERTIFICATION	Sequentially list conditione, if any, leading to immediate	DUENCE OF	n 1	1-							
8	CAUSE (Disease or Injury	Mr	alun	Pan	line	- /					
E	that initiated events DUE TO (OR AS A CONSUC	DUENCE OF	1/1)	1/ 10	0	6,1/1	do D				
EH	resulting in death) LAST	4	Chien	2/4	as /	ca or	n de				
	PART II. Other aignificant conditions contributing to death but not n	eaultidg i	n the underlying	r cause given i	Part I	n. WAS AN AUTO	DREV 1 24h	WERE AUTOPSY FINDINGS			
DICAL	Coiners Ansonia	1	euma			PERFORMED	7	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	111111111111111111111111111111111111111	M		1 /2		YES 2	NO.	OF DEATH?			
Σ	- good to Lym	fre	Marie	MARY	mary			1 NES 2 NO			
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	-	00.04	ACE OF DEATH #							
I S	EXAMINER? HOSPITAL:		OTHER:	ACE OF DEATH (C							
¥	1 ☐ YES 2 ☐ MO CONTINUE 1 = ER/Outpetient 3 27. MANNER OF DEATH 28e. DATE OF INJURY	28b. TIM	4 Nursing Hom E OF 28c, INJ			BE HOW INJUR	N 000110FD				
	North, Dey, Year)	INJ	URY WO	RK?	200. DESCHI	BE NOW INJUH	IT OCCURED				
В	2 Accident Investigation 3 Suitcide 28s, PLACE OF INJURY — At hor	me, term, s			281 LOCATIO	M /Stenet and M	lumber or Durel C	nuta Mumbas			
3 Suicide 4 Homicide 5 Could not be detarmined 28s. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify) 29s. CERTIFIER (Check 19 One) 2 PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attated.								oute Number,			
9	29s. CERTIFIER					·					
MP	(Check 19) One) WEDICAL EXAMINER: On the basis of examinating and/or is										
	one) 2 MEDICAL EXAMINER: On the basis of examination and/or i	vestigatio	n, m my opinion, d			place, and due	e to the cause(a	and manner as stated.			
BE	296 MUNATURE AND TITLE OF CERTIFIER	, 1	0	29c LICENSE NI	MBER	290	. DATE SIGNED	(Month, Day, Mear)			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CANOE OF DEATH (ITEM	/A	you custon	11	1760		7/	20193			
	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CASOS OF DEATH (ITEM	A RT) (Type,	Floht)	7/6 a	1. Rul	line 1	en B.	15			
	11 11 2001	nc	n	110	1001	7	J PA	110			
	31. APR 26 1993 Pr. RECEITAR'S SIGNATURE	1									



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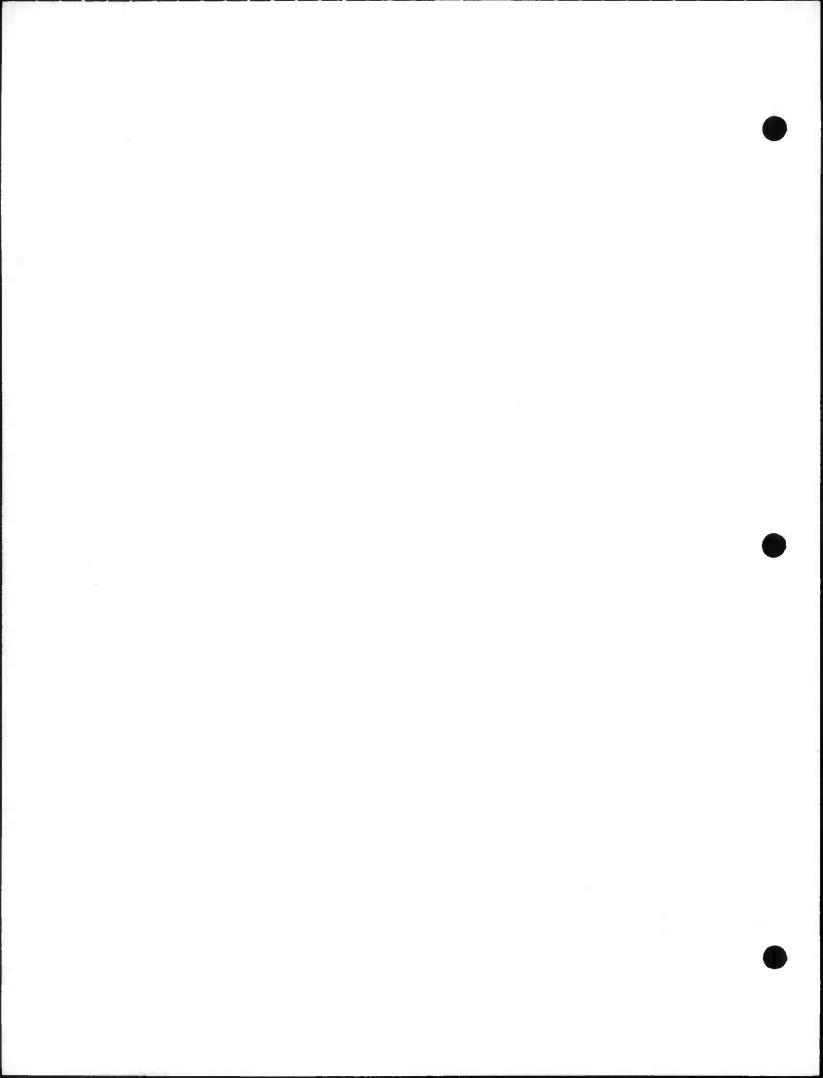
		1 - STATE REGISTRAR	STATE OF MA					DEATH A		NTAL HYGIEN REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last								. DATE OF DEATH		YEAR 3.	TIME OF OEATH
		Joseph R. Buxbaum, Sr. Apr. 24, 1993										м	
		218-07-8863	5. SEX 6	. AGE (In yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	MIN. 7.	(Month, Day, Year) 02/08/18		Country)	ACE (State or Foreign
pino		9e. FACILITY NAME (If not institution, give	**	75	Tho.	9h CITY	TOWN C	R LOCATION	OF DEAT		9c. COUNT		yland
3 should	HC	6 Baldwin Cour						ville		n	Balt		
5 1, 2	וַקָּ	RESIDENCE OF DECEDENT			40- 017						Dare		
permit. Pages 1, 2,	DIRECTOR		Itimore		10C. CIT	Ca	tons	ville	:				d. INSIDE CITY LIMITS? YES 2 NO
Led Lead	FUNERAL	6 Baldwin Cour	t, Apt. E				101	ZIP CODE 212	28		10g. CITIZE		T COUNTRY?
200	В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 S IF YES, GIVE WAR	EVER IN U.S. ARI YES 2 N OR DATES	MED		If yes, sp	ENDENT OF selfy Cuban, 2 X NO	Mexican, F	ORIGIN? (Specify Yer Puerto Rican, atc.)	or No- 1	4. RACE — Black, V Specify: Wn 1	American Indian, mite, atc.
AND 21215-00 the hospital or attending detached for use as the lonce.	COMPLETED	15. OECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		(Gr	CEDENT'S we kind of v Do NOT us	USUAL Or work done is a retired.)	CCUPATIO during mo	DN st of working		16b. KIND OF BU	SINESS/INDU	STRY	
LAN the hor e detach	8	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Maiden	,		
MARYLAND retained by the hospit 5 should be detached notified at once.	H	Joseph D. Buxba	aum	100		100000				A. Huster	_		
	임	Doris E. Buxba	um							te Number, City or Tow Catonsvil		MD	21228
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		20a. METHOD OF DISPOSITION 1 X Burtet 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	cemetery, crer	no DATE of partory or of	ther piece)	eran	me of	eter	OATE 20c. LO	Carri	ly or Town,	Forest, Md.
ALTIM death. Page tuneral dire		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22.	NAME AN	D ADDRESS	OF FACILI	TY Ambrose	Fune	ral F	iome
3AL r death r death he fune al.		1328 Sulphur Spring Road, Arbutus, Md											
E 3 2 at		23. PART i. Enter the diseasea, Dr shock, or heart failure.	complications that c	aused the de	eth. Do r	ot enter	the mo-	de of dying	g, auch a	a cardiac or reap	iretory arres	it,	Approximate
tion,		IMMEDIATE CAUSE (Final disease or condition reauting in death) a. CORENZAY AVERY D.SEZE DUE TO (OR AS A CONSEQUENCE OF): B. ENZI FZILURE										Onset and Death	
3760, fred within 24 (completely fille ial, cremation, event, the	1	reaulting in death)	DUE TO (OI	R AS A CONSEC	UENCE OF):):	7	7.01	سايه	e		-	Sours
cxecuted within and completely o burial, crema natic event,	z I	Sagrantially list conditions	a Rien	2/ /	-31	100	e						7121005
BOX 68 cate be execut hysician and c e prior to buri	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c									7/2 44		
O. BOX sertificate be ing physician righer prior in	띮	CAUSE (Disease or injury that initiated events	DUE TO (OF	R AS A CONSEO	UENCE OF):	204)	/	2716				7/2 Mos
, P.O. I teath certific attending phratel Hyglene y, or other		resulting in death) LAST	d										
RDS, For the death I by the attent and Mental III by Injury, of In	CALC	PART II. Other aignificant condition	ns contributing to de	eath but not re	suiting i	n the un	derlying	cause giv	en in Par	rt I. 24a, WAS AN		24b. WE	RE AUTOPSY FINDINGS
W = 25 = -	흥미	PERFORMED? 1 VES 2 NO									AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
w requires that been signed pt. of Health a	MEDI									_ /		1	YES 2 NO
AL F e law r has be Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
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OF VI PHYSICIAN: this certifica with the St rked, or It	Ě	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY	28b. TIM	OF	28c. INJU	JRY AT		Other (Specify) d. DESCRIBE HOW I	NJURY OCCU	RED	
2 to 5 to 1	BY	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 1	NO 0N				
U 5 4 5	- 15	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stete)								Rural Route	Number,		
									the cause(s) end mer	nner ea atated			
TO THE HOSPITAL TO THE FUNERAL De filed within 72		tigation, in my opinion, death occured at the time, date and place, end due to the cause(e) end						d manner ee stated.					
THE HO THE FU filled wit	BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER							29d. DATE SIGNED (Month, Day, Year)				
Int Pes *	2	30. NAME AND AGORESS OF PERSON W	10 COMBIETES STILL	OF ACATH		0.1-1		032			Ap	v.1.	25 1993
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		31. DATE FILED (Month, Day, Year) APR 2 6 1993	Alia Shinds	SIGNATURE	10) ' '	



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	FOR									20	1	1//1
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT OF ICATE O			MENTA	L HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)	+ J	Be	:/	IOATE O	DEA		2. DATE	OF DEATH	AY 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214 - 16 - 38 48	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR		MIN.	7. DATE (Mont	OF BIRTH	20	Country)	LACE (State or Foreign
S.	98. FACILITY NAME (If not institution, give: St. Agnes Hospit		% city, rown Balti				<u> </u>	9c. COUNT				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	v		40 - OIT	, TOWN OR LO							
DIRECTOR	Maryland Bal	Ltimore			atonsvi							10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO
FUNERAL	100. STREET AND NUMBER 28 Highfields Dr	rive			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTY USA						IAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	MED O	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 YES 2 NO Specify: White					White, etc.				
COMPLETED	15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Ghr life. (e kind of v Do NOT us		TION most of worki	ng		. KIND OF BU	SINESS/INDU	STRY	-
NO	17. FATHER'S NAME (First, Middle, Last)		I EIIQ.	inee:		18, MOT	HER'S NAI		Mfq. Middle, Meiden	Surname)		
ы	Clement J. Beil,	Sr.					len 1			,		
10	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street					n, State, Zip C	Code)	
	Eileen L. Beil		28	B Hi	ahfield	s Dri	ve,	Cato	nsvill	e, Ma	ryla	nd 21228
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	noval from Stata	cemetery, crem	ratory or of	her plece)			OAT		CATION CI		1 1-0-1 (1)
	4 Donation 5 Other (Specify)	CERTIFICATION	Meadov	wride	de Ceme	tery	4	/27/	93 Dor	sey,	Mary	land
E CYG		= -	2	2.	Ambr	ose F	uner	al H	ome, I		a M	d. 21227
	23. PART I. Enter the disesses, or	complicatione tha	t caused the dee		1020	Dulp	mu.	DPI .	NG. P	LDulu.	5, 1º1	u. 21221
	shock, or heert fellure. Liet only one ceuse on each line.									ratory srree	et,	Approximate
	IMMEDIATE CAUSE (Fine)	Liet only one ceu	ise on eech line.	ith. Do n	ot enter the r	node of dy	ing, such	h ss can	disc or reapi	ratory srree	et,	
		a. Blo	ecling	Į.		node of dy	ing, such	h ss car	disc or reapi	ratory srree	et,	Intervei Between
	IMMEDIATE CAUSE (Final disease or condition	a. Blo	ISE ON EECH IIIIE.	Į.		node of dy	ing, such	h ss car	disc or reap	ratory street	et,	Intervei Between
NOI	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	Blo Bye To	ecting on as a consequence on the consequence on th	DENCE OF	peni	node of dy	ing, such	h ss carr	disc or reap	ratory street	et,	Intervei Between
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND RITLE OF CERTIFIE	BUE TO B. DUE TO B. DUE TO C. DUE TO d	(OR AS A CONSEQUENCE OF AS	DOA 26b. TIMINATE TO THE PROPERTY OF THE PROPE	26. OTHER: OF URY M 1 1 treet, factory, of	PLACE OF 0 PLACE	given in I	Part I. eck only or 6 Other 28d. Oct City to the cautime, deta	24a. WAS AN PERFOR 1 YES 2 In YES 2 In (Specify) SCRIBE HOW II ATION (Street a or Town, State)	AUTOPSY IMED IN NO NO NO NO NO NO NO NO NO NO NO NO NO	24b. WAREO 1 1 IREO I. Cause(s) e	VERE AUTOPSY FINDINGS INALLABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? VES 2 NO



BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNCTION After ONE THE THIS certificate has been signed by the attending physician and completely filled in by the be filed within PC bands after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last) Joseph C.	Boney				2. DATE OF DEATH APPRIL 22%	" 1993"E	AR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 171-03-6150	1 🔀 M 2 🗆 F	GE (In yrs. last birthday) 79 yrs.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Month Gay Your,	1914	BIRTHPLACE (State or Foreign PA.			
TOR	9a. FACILITY NAME (If not institution, give st 711 George			Esse	X	EATH	9c. COUNTY BA1	of DEATH timore			
DIRECTOR	Pa. 106. COUNTY	,	10c, CITY	TOWN OR LOCAL	leton			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	166 S. Wyomin	g Street		10	. ZIP CODE 182	01	01 10g. CITIZEN OF W				
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5+)	18a. DECEDENT'S I (Give kind of w life. Do NOT use Agent	ork done during me	ON st of working	Metrono					
OM	17. FATHER'S NAME (First, Middle, Last)		Agene		18. MOTHER'S NA	ME (First, Middle, Maiden		Life ins.			
BE (Saverio Bone	У	Tanana and a			ura Roman					
2	Loretta Hammen					Houte Number, City or Town timore Md.					
	20a. METHOD OF DISPOSITION 1 CyBurlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of Carriery of Other (Specify) Other (Specify) 20c. LOCATION — City or Town, State 1 CyBurlai 2 Cremation of Other (Specify) 20b. PLACEAND DATE OF DISPOSITION (Name of Carriery of Other Other Other) 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Home		nellyFun	eralHome 3	00Mace	Ave. 21221			
	23. PART I. Enter the diseases, or o shock, or heer failure. I iMMEDIATE CAUSE (Finel disease or condition	omplications that ceu- List only one ceuse o	ised the death. Do no n each line.	ot enter the mo	de of dying, suci	h sa cardiec or respir	ratory arrest,	Approximete Interval Between Onset and Daath			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR A DUE TO (OR A DUE TO (OR A A A DUE TO (OR A	AS A CONSEQUENCE OF	turno	to le	lungs Imonary mel	divisor	weeks worths 2 years.			
DICAL	PART II. Other significent conditions Severe n bone n	e contributing to geet malnutu	tion legaces	,	g cause given in	Part I. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ock only one)					
BY PHYSICIAN: ME	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	1 Inpatient 2 ERA 28a. DATE OF INJU (Month, Day, Yes	Outpetlent 3 DOA	OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	ED .			
	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJ building, etc. (URY — At home, ferm, st Specify)	reet, factory, offic	1	281. LOCATION (Street at City or Town, State)	nd Number or Re	ural Route Number,			
COMPLETED		CIAN: To the best of my ki						use(a) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	R. BE	// h. m.).	MS. DE	5/32	29d. DATE SIG	NED (Month, Day, Year) 1-23-1993			
	William R Bell	h. Thertohnes	Hopkins H.	ospital	600 Norz	4 Wolfest	Balti	more, MJ21287			
	APR 26 1993	The Davidson	Rendell			1		4928			

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MIVISION OF VITAL RECORDS, P.O. BOX 68760,	OF TEACHING BUYCLCIAM: The law consists that the death conficults he executed within
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	FOR STATE REGISTRAR	STATE OF MARY	'LAND / CE	DEPAR ERTIF	TMENT OF I	DEATH AND	MENTAL HYGIEI REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN EUGENE BYRNE							2. DATE OF DEATH DAY YEAR		
3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (in yrs. les	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	APR 12 1 7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	7:15 PLACE (State or Foreign
	543-16-9852 Sa. FACILITY NAME (If not institution, give	Λ	72		9b. CITY, TOWN	OR LOCATION OF D	JUN 18	1920 9c. COUN		NNESOTA EATH
DIRECTOR	NATIONAL NAVAL		MEDICAL CENTER BETHESDA MONTG							
DIRE	DELAWARE K	CENT		111	Y, TOWN OR LOCA DOVER	TION				10d. INSIDE CITY LIMITS? 1 V YES 2 NO
AAL	100. STREET AND NUMBER	CAN'T A				1. ZIP CODE		10g. CITIZ	EN OF W	THAT COUNTRY?
FUNEHAL	774 S. HAI	12. WAS DECEDENT EVER	I IN U.S. AR	MED	13. WAS DE		9901 INIC ORIGIN? (Specify Y			ED STATES - American Indian,
10	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? TY YE IF YES, GIVE WICH OR 1941 -	S 2 N	10	If yes, sp	ecity Cuben, Mexic 2 🔯 NO Speci	an, Puerto Rican, etc.)		Speci	, White, etc.
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grade	e completed)	(Gi	CEDENT'S ive kind of v	USUAL OCCUPATI	ON ost of working	16b. KIND OF BI	JSINESS/INDL	JSTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5+)			AIR FORCI	Ξ	DEFE	NSE		
_	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Maide			
20	OWEN BYINE 19a. INFORMANT'S NAME (Type/Print)		198	. MAJLING	ADDRESS (Street		ICE ODONI Route Number, City or To		Code)	
2	CATHERINE W. BUE	RNESON		20	CARRIA	GE LANE,	REHOBOTH	BEACH	, DE	19971
	20a. METHOD OF DISPOSITION 1 3 Surial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	novel from State	amatanı era	motory or of	of DISPOSITION (N		1	OCATION — C		
1	21. SIGNATURE OF FUNERAL SERVICE LI	CEHSEE	21 111	ilg co		ND ADDRESS OF FA	emetery,			De. 199
	1902 W.	rada	/		Trade	r Funer	cal Home			Lotus St
	23. PART I. Enter the diseases, of shock, or heart failure.	complications that caus List only one cause on	ed the de	ath. Do n	ot enter the mo	ode of dying, suc	ch as cardiac or res	oiratory arre	est,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. CONGESTIVE HEART FAILURE Due to (or as a consequence of):									Onset and Deat
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PERFORMED? MM.									WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							-			1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 3 NO	HOSPITAL:	- Flater I	Пос	OTHER:	LACE OF DEATH (C)				
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year	Y	28b. TIM	E OF 28c, IN.	IURY AT	6 ☐ Other (Specify) 28d. DEŞCRIBE HOW	INJURY OCC	URED	
	1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S)	nt — At hor oscify)	me, tarm, s	riest, factory, offic	•	28f. LOCATION (Street City or Yown, State		or Rural R	oute Number,
		ICIAN: To the best of my known								and manner or stated
u II	206 SIGNATURE AND TITLE OF CHITIFS		^		opinoti, (29c. LICENSE NU				(Month, Day, Year)
	Story	au Av				MA5375	3 (NJ)	> 4	(3	195
٠ ا	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	DEATH (ITEN	4 27) (Type,	Print) NAT	IONAL NA	VAL MEDICA	L CEN	TER	

BETHESDA MD 20889-5600

J.T MC USNR

32. REGISTRAR'S SIGNATURE

Julia Davidson-Rondall

S J SHERTS
31. DATE FILED (Month, Day, Year)
APR 2 6 1993

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Items18	,19a,20b,	20c	4-28-93	Fil	mG698	W.H.	per	F/H

	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE	DEPAR	ICATI	OF HE OF	DEAT	AND	MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle,	-0.07		D4 44	h				2. DAT	E OF DEATH		EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	BAIR	IF UNDER	A MELO	IF UNDER		A91	21	199		12/2 V. H
	556-48-0621	1 ☑ M 2 □ F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	E OF BIRTH Mr. Day, Year -22-194	0	Country	ifornia
	90. FACILITY NAME (If not institution,	**	33		9b. CITY	, TOWN C	OR LOCATI	ON OF DI		-22-174	9c. COUNT		
OR	Baltimore Coun		Hospita	1			llst				Balt		
ECT	RESIDENCE OF DECEDEN 10a, STATE 10b, CO			10- 017	Y. TOWN (1241	-1110	
DIRECTOR		ward County	17	10G. C11			tt C	i +					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	wara court	Ž .		ــــــــــــــــــــــــــــــــــــــ	_	. ZIP CODI				10o. CITIZEI		1 YES 2 NO
ER.	8536 High Rid	ge Road					210	43				S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEOEN	T EVER IN U.S. ARM	MED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIG	IN? (Specify Yes		RACE	- American Indian,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	Army	Y YES 2 N				2 X NO			Rican, etc.)		Specify	White, etc.
	15. DECEDENT'S	EDUCATION	16a, OEC	EDENT'S	USUAL O	CCUPATIO	N.		T 46	b. KINO OF BUS	INC OR UNIOUS	Total	White
ET	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5 -	(Gh	re kind of I	work done	during mo	st of workin	19	1,0	o. Kino or Bus	INESS/INDUS	IHY	
COMPLETED	12		P	repa	rato	ry P	ressi	nan		Pri	nting		
	17. FATHER'S NAME (First, Middle, Las	·								Middle, Maiden S	,	Ch	ormicle
BE	Theron And	erson								Corim			ormicie
5	Mrs. Beverly A	3								nber, City or Town			21212
	20e. METHOD OF DISPOSITION	N.	20b. PLACE A					our		licott			
	1 X Buriel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	comptery crem	Satory pro	ther placel	Mem	. Ga	rde	ns4	28 Ma	rriot	t s s	ville, MD.
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE				NAME AN	O ADDRES	S OF FA	YTLIE				
	* Drian	K. His	is 6							HOME (1 21784			
	23. PART i. Enter the diseases,	or complications that	caused the des	th. Do r	ot antar	tha mod	da of dyl	ng, suci	n se car	rdiac or respir	etory arrest	,	Approximate
	IMMEDIATE CAUSE (Final	ure. List only ons cau					,						Interval Batween Onset and Death
	disasse or condition resulting in dasth) s									11/2 hrs			
		OUE TO	(OH AS A CONSEO	UÈNCE (DI	7:		v)						
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate												
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.											
F	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSECU	JENCE OF	7:								
Ä	resulting in death) EAST	d											
CAL	PART II. Other significant cond	itions contributing to	daath but not ra	suiting i	n the un	derlying	cause g	iven in	Part I.	24a, WAS AN A		24b. V	VERE AUTOPSY FINDINGS
										PERFORM		C	MAILABLE PRIOR TO COMPLETION OF CAUSE
ME										,	V		F DEATH?
PHYSICIAN: MEDI													
Ö.	25. WAS CASE REFERRED TO MEDICA EXAMINER? YES 2 NO	HOSPITAL			OTHER		ACE OF OE	ATH (Che	ck only o	ne)			
HYS	27. MANNER OF GEATH	1 Inpetient 2	ER/Outpatient 3 [DOA 28b. TIM	The second second	ing Home		eldence		er (Specify)			
ВУ Р	Natural 5 Pending	(Month, De	ty. Year)		URY M	WOF		NO	200. UE	SCRIBE HOW IN.	JOHY OCCUR	EU	
	2 Accident Investigat 3 Suicide 6 Could not	28s. PLACE OF	F INJURY — At hom atc. (Specify)	e, farm, s	treet, fecto				28f. LOC	CATION (Street an	d Number or I	Rural Rou	rte Number,
ETE	4 Homicide datermine	d	etc. (Opecity)						City	or Town, State)			
COMPLETED	290. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the beat of	my knowledge, deat	th occurre	d at the ti	me, date s	and place,	end due	to the ca	use(s) end menn	er es atated.		
Š	MEDICAL EXAM	MINER: On the beels of ex	emination end/or in	veatigatio	n, In my o	pinion, de	ath occure	d at the	time, date	end place, end	due to the ce	use(s) e	end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERT	IFIER	0				29c. LICE				29d. DATE SI	GNED (A	fonth, Day, Year)
2	Hang Galsen	Deputy Madi	4/ BYAI	Vok			D	0108	TU		► Apri	224	1/993
	30. NAME AND AGORESS OF PERSON STANLEY 2 Fe	1 1 .	E OF OEATH (ITEM	27) (Type,	Print)						-		,
	31. DATE FILED (Month, Day, Year)	JAN PEGISTRAI	R'S SIGNATURE	, C	laces	\$ 3	1126	/_					
	APR 26 198	John Da	iden-Rond	ee.									

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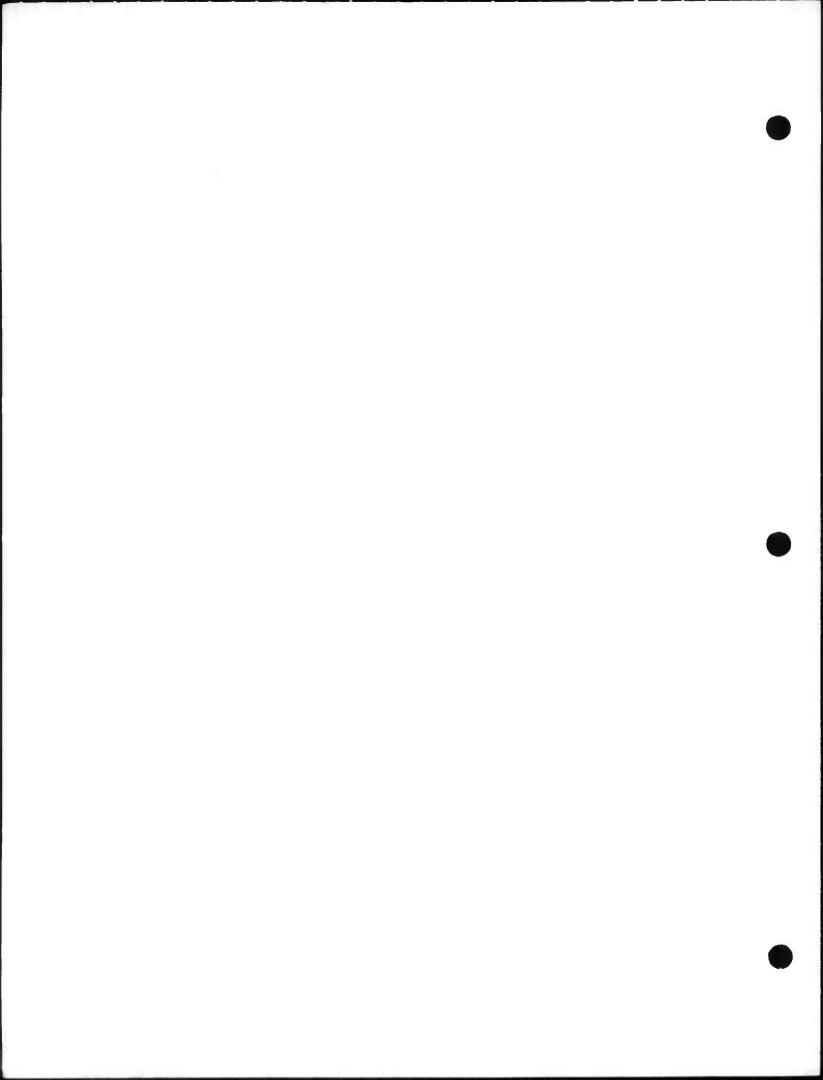
BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

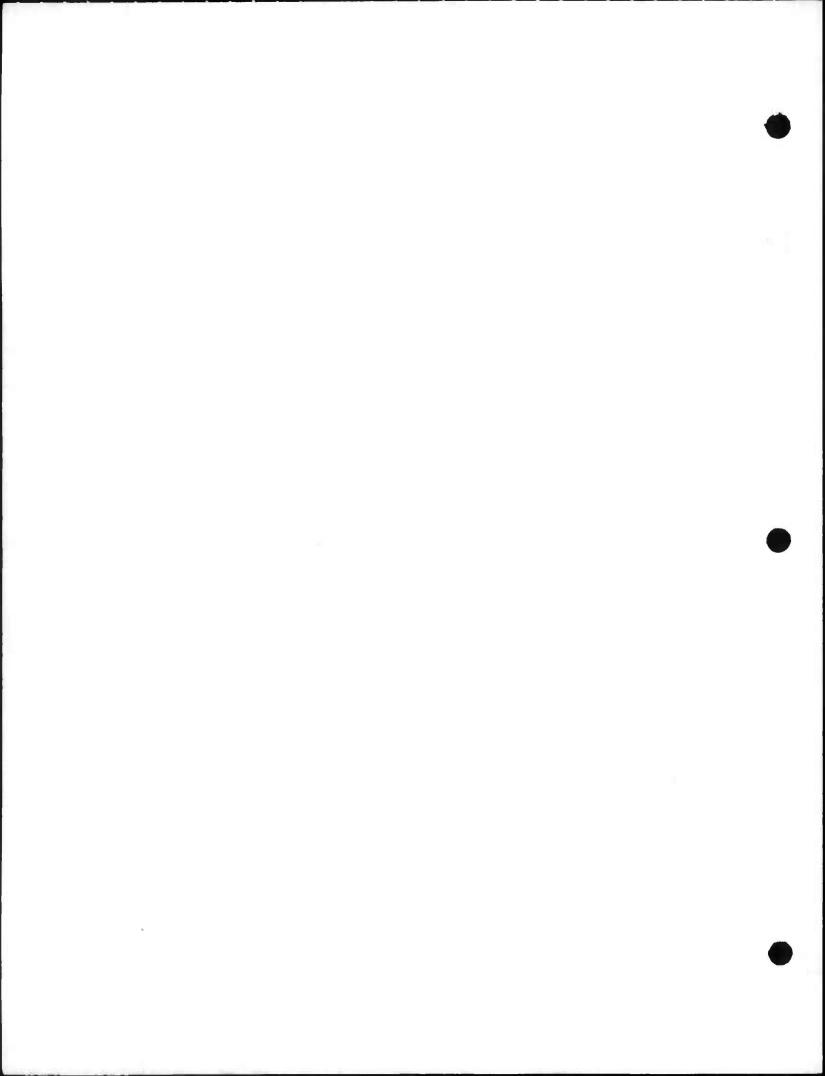
	1 - STATE OF MARYLAI REGISTRAR		MENT OF H		MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE	OF DEATH		3. TIME OF DEATH		
	Carrie Bell Barker				0'4	– 25 оғыятн	<u>199</u>			
	W. Mar. (III	THE CHARLES AND A CHARLES AND						BIRTHPLACE (State or Foreign Country) West Virgini		
~	9e. FACILITY NAME (If not institution, give street end number)			PR LOCATION OF D		-14-1	9c. COUNTY	Y OF DEATH		
DIRECTOR	722 Fannie Dorsey Road		Woo	dbine			Car	roll County		
BE	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCAT	ION				tod. INSIDE CITY		
	Maryland Carroll County			Woodbin	е			LIMITS?		
FUNERAL	10e. STREET AND NUMBER		101	ZIP CODE				N OF WHAT COUNTRY?		
Sel	722 Fannie Dorsey Road 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U	I.S. ARMED	13. WAS DEC	21797 ENDENT OF HISPAI	NIC OBIGIN	12 (Specify Var		S.A. I. RACE — American Indian,		
BY FI	1 Never Married 2 Merried FORCES? 1 YES 3 Widowed 4 Divorced FYES, GIVE WAR OR OAT!	2 NO	If yes, sp	2 NO Specif	in, Puerto I	Rican, etc.)	I GI NO	Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCATION	8e. DECEDENT'S U	SUAL OCCUPATION	NM .	166	KIND OF BUI	SINESS/INDUS			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wo life. Do NOT use	rk done durina mo	st of working	100	. KIND OF BU	oiness/inuus	OIRY		
MP	3	Homen	naker				Domest.	ic		
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA			Surneme)			
H	Jack Byrd 190. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street a	OC16	Boute Numi	_	n State 7in Co	whi		
임	Mr. Gaylord Barker			orsey Roa						
	20e. METHOD OF DISPOSITION 1 Disposition 20 Cremetion 3 Removal from State Cremeter Cr	LACEANDDATEOF	DISPOSITION (Na	me of	OAT	20c. LO	CATION — City	y or Town, State		
1 M Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Drian L. Haight		HAIGH	IT FUNER	AL HO					
	23. PART I. Enter the diseases, or complicatione that caused the shock, or heart failure. Liet only one cause on each immediate Cause (Final disease or condition resulting in death) Due TO (OR AS A C	astic (t, Approximate interval Between Onset and Death		
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significent conditions contributing to deeth but	not resulting in	the underlying	ceuse given in	Part I.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		28, PL	ACE OF DEATH (Ch	eck only on	0)				
ž Į	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outpetie 27. MANNER OF OEATH 28e. DATE OF INJURY		☐ Nursing Home	5 Residence						
BY P	1 Natural 5 Pending (Month, Day, Year)	INJUI	WO!		28d. DES	CHIBE HOW II	NJURY OCCUR	RED		
- 10		2 Accident 3 Suicide 6 Could not be building str (Specific)								
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.										
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner										
H L	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	BER		29d. DATE SI	IGNEO (Month, Day, Year)		
	Jed solon on			D343	13		1	-25-93		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH Jed Rosen, M.D.		rint)							
	31. DATE FILEO (Month, Day, Year) APR 26 1998 Jalin Danisan	JRE P					<u></u>			



BALTIMORE, MARYLAND 21215-0020

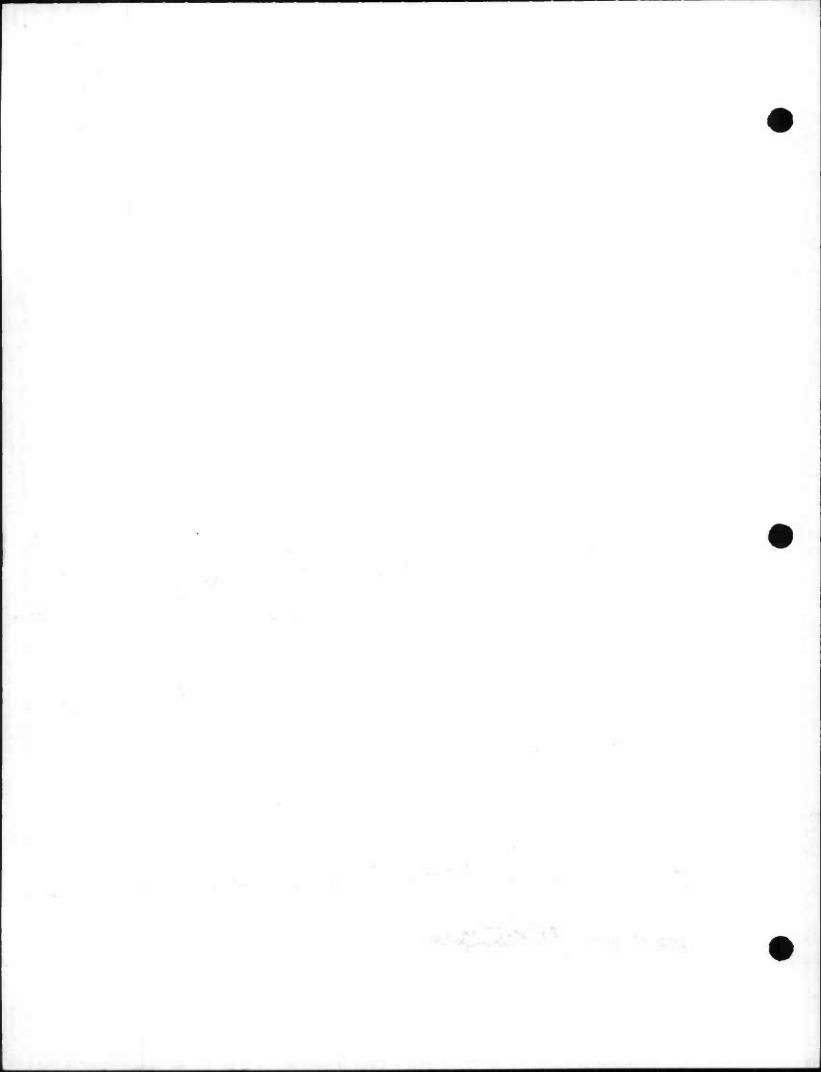
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF I	IEALTH AND							
	1. DECEDENT'S NAME (First, Middle, Last)		OZ.IIIII	OATE OF	DEATH	REG. N		3. TIME OF DEATH				
	Shirley	Мае	Coc	k			2 199	3 11:51 P				
		1		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	I a	BIRTHPLACE (State or Foreign Country)				
	213 20 7731		6 YRS.	DAYS	HOURS MIN.	(Month, Day, Year) 5 - 9 - 19	36	Md				
۵,	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF OEATH				
1 5	300 block W. Franklin Street Baltimore City											
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCA				10d. INSIDE CITY				
	1/4											
FUNERAL	10e. STREET AND NUMBER			10	ZIP CODE			N OF WHAT COUNTRY?				
N N	3028 Poplar Te				21216		US	A				
	1 Never Married 2 Married	2. WAS DECEDENT EVER IN U FORCES? 1 YES	2 V NO	If yes, sp	ecify Cuban, Maxic	NIC ORIGIN? (Specify) an, Puarto Rican, etc.)	es or No 14	. RACE — American Indian, Black, White, atc.				
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE	s'	1 TYES	2)(I)(NO Specif	fy:		Specify: Black				
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	FION 19	Ba. DECEDENT'S U	SUAL OCCUPATION	ON et of working	16b, KIND OF B	USINESS/INDUS	TRY				
l in	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	or or working	lohns	Honk	ins Hospita				
COMPL	17. FATHER'S NAME (First, Middle, Last)							ins nospica				
		illiams			18. MOTHER'S NA	a Pal	mer)					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a		Route Number, City or To		w(a)				
2	Willie J. Cook	<	30	28 Por	olar Te	rrace Ba	ltimo	re, Md 2121				
Examiner must be notified TO BI	20a METHOD OF DISPOSITION 1 AD Burial 2 Cremation 3 Remova	20b. Pi	ACE AND DATE OF		me of	DATE 20c. L	OCATION — City	or Town, State				
	4 Donation 5 Other (Specify)		ry, crematory or other	Memor Memor	ial Pa	rk42793	Arbu	tus, Md				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	1 .		D ADDRESS OF FA							
	Dume	J. Heol		4	arch F/H 300 Wab	ash Avenu	e					
	23. PART LEnter the diseases, or con shock, or heart failure. Lie	nplications that caused to	ne deeth. Do no	t enter tha mo	da of dying, suc	ch as cerdiac or res	piratory srrest					
196	IMMEDIATE CAUSE (Final disease or condition resulting in death) s. ATHOMS CUS NOTH COODIOVAS WUPM DISUBJE Interval Between Onset and Death											
פאפווו, ו	resulting in death)	ATHEMUS G	15 NOT4	Cp81	10 VAS CU	upm DISC	SPSE					
- 4		DUE TO (OR AS A CO	UNSEQUENCE OF):									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):									
S S	cause. Enter UNDERLYING CAUSE (Disesse or injury											
TIFI	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):									
	d.											
	PART II. Other significant conditions of	contributing to death but	not resulting in	the underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS				
						PERFO	2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?				
WEI						75.10		1 YES 2 NO				
AN: MEDIC						TIME	CIW-					
PHYSICIAN: MEDICA		IOSPITAL:		26. PL	ACE OF OEATH (Ch	eck only one)						
₹	1 YES 2 NO 1	□ Inpatient 2 □ ER/Outpatis 28s. DATE OF INJURY		☐ Nursing Hom		8 Other (Specify)	In Car					
	1 Natural 5 Pending	(Month, Day, Year)	INJU	TY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	EO				
	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	Al home, farm, str			281. LOCATION (Street	and Number or I	Rural Route Number				
5 H	4 Homicide determined	building, etc. (Specify)				City or Town, State		,				
P.E.	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge	e, death occurred	at the time, data	and place, and due	to the cause(a) and m	nner as stated.					
SE COMF		On the basis of examination as						suse(a) and menner as stated.				
	296, SIGNATURE AND TITLE OF CHITTIFIER	1/ 0.			29c. LICENSE NUI	WBER	29d. DATE SI	GNED (Month, Day, Year)				
TO BE	mayin Unol	Trell			O.C.M	.E.		4/23/1993				
F	30. NAME AND ADDRESS OF PERSON WHO C	· _ i										
	31. DATE FILEO (Month, Day, Year)	Jum 11		Stree	t, Bal	timore,	Maryla	and 21201				
	APR 26 1993	32. REGISTRAR'S SIGNATU										
1 2	APR & D 1993	Wash-Non	Indoc									

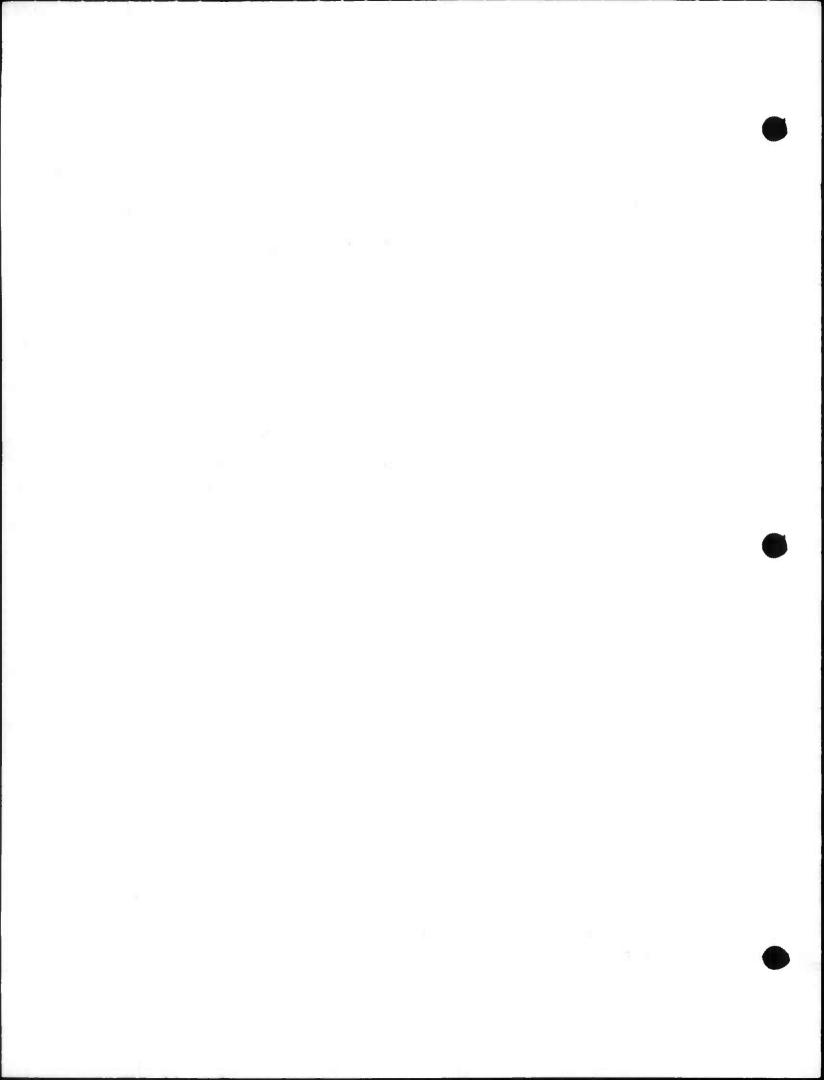


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending interior and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hyperie minor to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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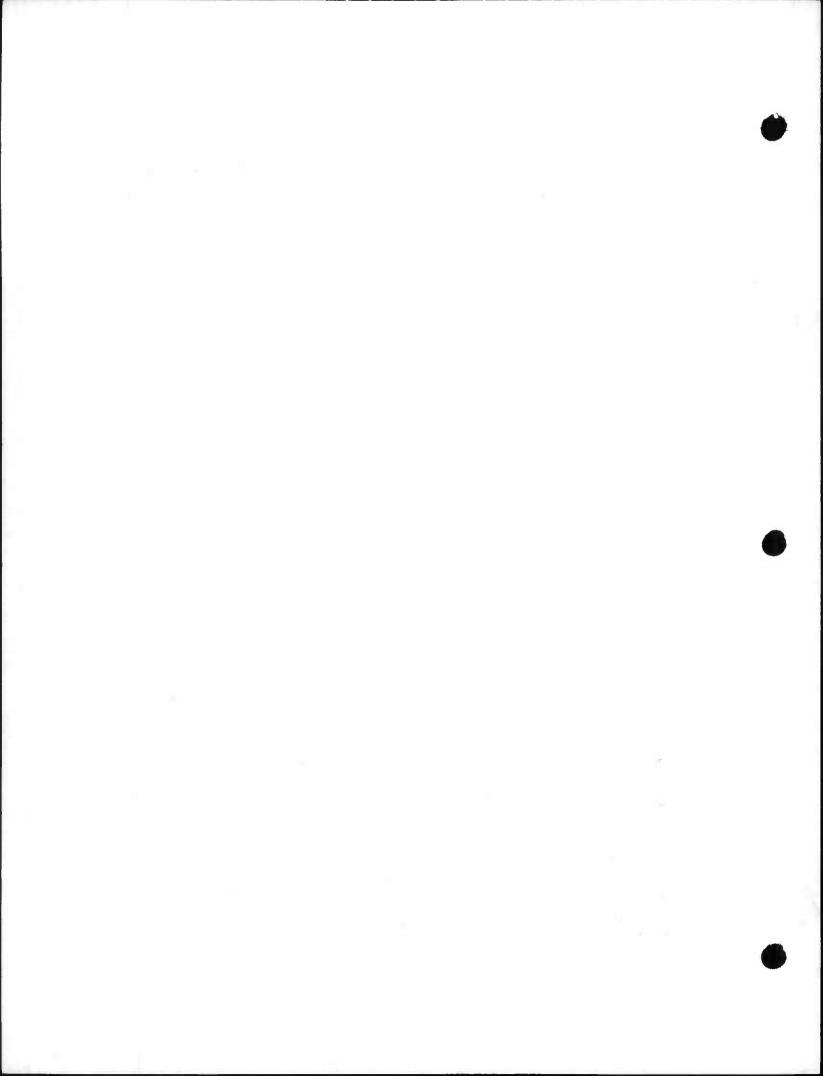
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT OF CERTIFICATE OF		NTAL HYGIENE REG. NO.	93 11777
	1. DECEDENT'S NAME (First, Middle, Las	•	LLISON		DATE OF DEATH DAY OF 11 21,	1993 3. TIME OF DEATH 450 / M
	4. SOCIAL SECURITY NUMBER 216-05-8423	5. SEX 6. AGE (In yrs.	YRS. MONTHS DAYS	HOURS MIN.	Month, Day, Year) July 15, 191	B. BIRTHPLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give Fallston Gen. I RESIDENCE OF DECEDENT	77.5	96. CITY, TOWN	OR LOCATION OF DEATH	9c.	Harford
BY FUNERAL DIRECTOR	Md .	Harford	10c. CITY, TOWN OR LOC	Edgewo	ood	10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL		O Sidnee Drive		01. ZIP CODE 21040		U.S.A.
	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 ☐ YES 2 X IF YES, GIVE WAR OR DATES	NO If yes, i	ECENDENT OF HISPANIC Coppecify Cuben, Mexican, Press 2 NO Specify:	ORIGIN? (Specify Yes or No uerto Ricen, etc.)	o- 14. RACE — American Indian, Black, White, etc. Specify: White
BE COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondery (0-12) 12 VIS.	College (1-4 or 5+)	DECEDENT'S USUAL OCCUPAT (Give kind of work done during n life. Do NOT use retired.) SENETAL CLERK	TION nost of working	16b. KIND OF BUSINESS	Stock Broker
E COM	17. FATHER'S NAME (First, Middle, Lest)	Harry Helmli		18. MOTHER'S NAME (First, Middle, Meiden Surner Hyde	
TO B	19e. INFORMANT'S NAME (Type/Print) Mr. Norman L. C	ollison	1960 Sidn	end Number or Rural Route ee Drive, Ed	Number, City or Town, State Igewood, Md	ne, Zip Code) • 21040
	20a_METHOD OF DISPOSITION *\textstyle{\textstyle{1}} \text{Suriel 2 \textstyle{2} Cremation 3 \textstyle{2} Re 4 \textstyle{2} Donation 5 \text{Other (Specify)} \textstyle{2} 21. SIGNATURE OF FUNERAL SERVICE	St."	EANDDATE OF DISPOSITION (I Frematory or other place) Michael Luth	.Church Cem	1. 4-24-93	N — City or Town, State Perry Hall, Md.
	▶ E. J. dass	ahn	1175	AND ADDRESS OF FACILITY D Belair Rd	E.F.Lassa Kingsville	ahn Funeral Home e,Md. 21087
CERTIFICATION	23. PART I. Enter the disease, o shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO OR AS A CONS DUE TO OR AS A CONS DUE TO OR AS A CONS	to Pulmo	nay	ELMANT	Interval Batween Onset and Death My MUS
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	one contributing to death but not	resulting in the underlyli	ng cause given in Part	1 24e, WAS AN AUTOF PERFORMED?	AMAILABLE PRIOR TO
rsicia	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	NACE OF DEATH (Check on		
ву РН	27. MANNEN OF DEATH Neural 5 Pending 2 Accident Investigation		M 1	YES 2 NO	S. DESCRIBE HOW INJURY	OCCURED
ETED	3 Suitcide 6 Could not be determined	Control of the Control			City or Town, State)	mber or flurel Route Number:
COMPLETED	Check day	SICIAN: To the best of my knowledge, of MER: On the beste of examination end/o				
TO BE	SA NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print) Dulton St. Be	29c. LICENSE NUMBER DZC	97-1	DATE SIGNED (Month, Dey, Year) 42443 893-0477
	APR 26 1993	July Davidson-Mandall				



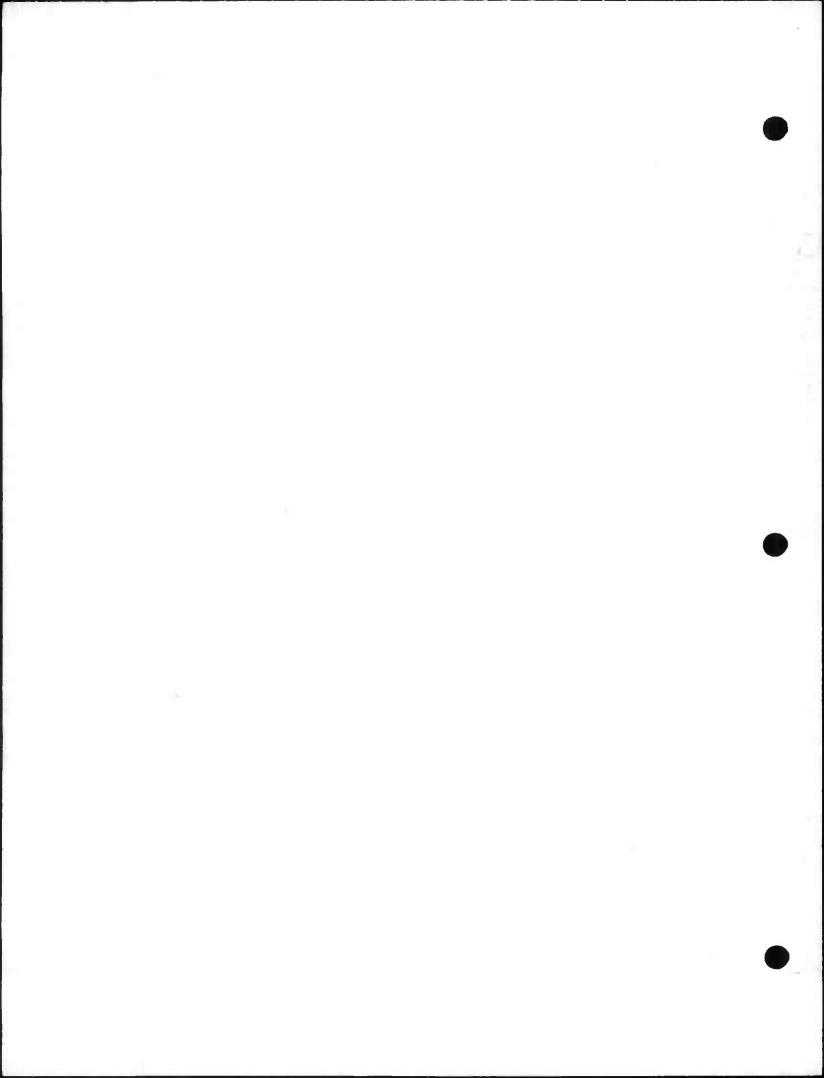
_	1 - STATE REGISTRAR		MARYLAND C	ERTIF	ICATI	OF	DEAT	ГН		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) Lillian Cl	lark							2. DAT	E OF DEATH	2 19	YEAR	:06 a.
	4. SOCIAL SECURITY NUMBER 57720-9010	5. SEX	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH th, Day, Year)	1912	8. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)	19		9b. CITY	TOWN	OR LOCATIO	ON OF DE	ATH	20	_	NTY OF OEAT	rginia
Œ	Montgomery (Hospit	al.		ney		ON OF DE	2111			tgom	
CTOR	RESIDENCE OF DECEDENT				1 0 -	1103					I MOI	regom	ery
DIRE	Maryland 10b. count	m Howard			ry, town o		TION						d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	nowara		1 110	COURT	_	H. ZIP CODE				I 100 CIT	IZEN OF WHA	☐ YES 2 X NO
ER/	2901 Florence	Road					21	797			1	U.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 M Married 3 Widowed 4 Divorced		NT EVER IN U.S. A VES 2 X MAR OR OATES	RMED NO		If yes, sp	CENOENT Opeolfy Cubar S 2 NO	n, Maxicar	n, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE — Black, W Specify:	American Indian, Inite, atc.
B	15. OECEDENT'S EO	JCATION	16a. D	ECEDENT'S	USUAL O	CCUPATI	ON		16	b. KIND OF BU	SINESS/IND	DUSTRY	711=
	(Specify only highest grad	College (1-4 or 5	- In	le. Do NOT u	work done ise retired.) nemak		ost of workin	og.			Dom	estic	
COMPL	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NAI	WE (First,	Middle, Maiden		00020	
l 6	?	Ru	ssell					Mar	gare	et Bish	op		
TO BE	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	S (Street	and Number	or Rural R	loute Nun	nber, City or Tow	n, State, Zip	Code)	
De 196	Mr. Rondald Cla	erk	:	2397	Rout	e 97	7 Cool	ksvi.	lle,	Maryl	.and	21723	
	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Ren 4 Donailon 5 Other (Specify)	noval from State	20b. PLACE cemetery, ci	rematory or o	of oispos other place) Spel	Cen	ama of neter	У	4/2			, Mary	
	21. SIGNATURE OF FUNERAL SERVICE LI	1	ight			HAIC		UNER	AL H	IOME (F			
. CERTIFICATION	shock, or heart feilure. iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	TROKE OR AS A CONSE OR AS A CONSE OR AS A CONSE	EQUENCE O	NS10	N							interval Between Onset and Death
MEDICAL	PART ii. Other significant condition	ns contributing to	death but not	resulting	in the ur	derlyin	g ceuse g	iven in I	Part I.	24s. WAS AN PERFOR 1 YES 2		AM CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE OEATH? YES 2 NO
IAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P	LACE OF DE	EATH (Che	ck only o	ne)			
YSICI	1 YES 2 KNO	HOSPITAL:	K ER/Outpatient	3 🗆 DOA	OTHER		ne 5 🗆 Re	sidence	6 🗆 Oth	er (Specify)			
BY PHY	27. MANNER OF OEATH 1 1 Naturel 5 Pending 2 Accident Investigation	26a. DATE OF (Month, L		26b. TIR		28c. IN.	JURY AT DRK?			SCRIBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE (building,	OF INJURY — AI h etc. (Specify)	ome, farm,	street, fact	ory, offic	20		281. LOI City	CATION (Street or Town, State)	and Number	or Runii Rout	e Number,
P.E.	29a. CERTIFIER (Check only	ICIAN: To the best of	l my knowledge, d	leath occurr	ed at the t	lme, date	and place,	and due	to the ca	use(a) and mar	nner as stat	led.	· · ·
COMPLET	one) 2 MEDICAL EXAMIN												d manner as stated.
O BE CON	296. SIGNATURE AND TITLE OF CERTIFIE EVELYN Jacks	R						NSE NUM		,			onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W			EM 27) / Nove	Print)		$\perp \nu$	139	4-1			4/22	193
	SIL DATE FILED ADJUST, BOX 1041		554	0 Ts	_	445	PX	0	An	15 14	E	am	2019
	APR 26 1983	1	AR'S SIGNATURE										
	HER SD MM3	philips 5	inden-Ra										



		1 - STATE OF MARYL REGISTRAR Mark Stephen Dick	AND / DEPAR CERTIF	TIMENT OF HE	ALTH AND MEI	NTAL HYGIEN REG. NO		
		1. DECEDENT'S NAME (First, Middle, Lest)		Die		DATE OF DEATH	AY YE	3. TIME OF DEATH
Mr			In yrs. last birthday)			DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)
3 should		217-76-4288 15 4 2 F 9a. FACILITY NAME (If not institution, give street and number)	3 3 YRS.		LOCATION OF DEATH	3-19-	9c. COUNTY	lary land
%	TOR	7903 CAMP Rd		PAS	Aden	A	1	AA
Pages 1,	DIRECTOR	100. STATE 10b. COUNTY Maryland Anne Arundel	100	Y, TOWN OR LOCATION	N			10d. INSIDE CITY LIMITS?
permit.	RAL D	10s. STREET AND NUMBER			IP CODE		10g. CITIZEN	1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?
ian. transit	FUNER	7903 Camp Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED		1122 DENT OF HISPANIC O	DIGINA (Canalla, Van		ed States RACE — American Indian,
215-0020 attending physician. ise as the burlat-transit	B	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Diversed 1978 — 1993	2 NO	If yes, speci	ly Cuban, Mexican, Pu	erto Rican, etc.)	14.	Black, White, etc. Specify: White
2 p of p	PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4 Y S .	(Give kind of life. Do NOT u		of working	16b. KIND OF BUS		
the hospital detached	COMPL	17. FATHER'S NAME (First, Middle, Last)	Master	Sergeant	6. MOTHER'S NAME (F	U.S. Ai		e
RYL ad by t	BE	Roy William Dick			Lucy Ann			
E, MARY y be retained lage 5 should be notified	욘	19a. NAFORMANT'S NAME (Type/Print) Roy William Dick		Camp Rd.			n, Stete, Zip Coo 122	(6)
6 may ctor, pa		20s. METHOD OF DISPOSITION 1 TO Buriel 2 Commention 3 Removal from State 4 Done 15 Other (Section	PLACE AND DATE	of DISPOSITION (Name ther place) N Cemeter	of	OATE 20c. LO	CATION — City	or Town, State ie, Maryland
		21. SIGNATURE OF FUNETIAL SETWICE LICENSEE	N.	22. NAME AND	ADDRESS OF FACILITY - RUddick	Υ		ie, Maryland
BAL after death by the fune omoval.	Н	23. PART I. Enter the diseases, or complications that caused	I the death Do	421 Cr	ain Hwv.	S.F. Gle	n Burn	ie, Md 21061
within 24 within 24 cremation.		shock, or heert failure. List only one ceuse on ed	ech line.	4	or dying, such as	cardiac or respi	iratory arrest,	Approximata Interval Between Onset and Death
P.O. BOX 6870 th certificate be executed ending physician and con i Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CONSEQUENCE O	F):				
그 음 등 등	- 41	PART II. Other significent conditions contributing to death be	ut not resulting	in the underlying c	euse given in Part	I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
NECOR v requires that been signed by t. of Health an shows any	MEDICAL					1 YES 2	100	COMPLETION OF CAUSE DF OEATH? 1 YES 2 NO
has been Dept 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLAC	E DF DEATH (Check or	nly one)		
ician: The sertificate hithe State if	IYSIC	EXAMINER? 1		OTHER: 4 Nursing Home	A			
ING PHYS Witer this ceath with marked	BY	1 Netural 5 Pending (Mogth, Dey, Year) 2 Accident Investigation 25 PLACE OF MAINING	3 A	WORK 1 YES	2 NO NO	LOCATION (Street a	5 5	elf
OR ATTEND DIRECTOR: A hours after of	ETED	4 Homicide determined Building, etc., (Special	my)		201.	City of Town, State)	den	u, Ucl:
きると	COMPL	29a. CERTIFIER (Check only orne) 1 CERTIFYING PHYSICIAN: To the best of my knowle orne) 2 MEDICAL EXAMINER: On the basic of examination						use(e) end manner as stated.
TO THE HE TO THE BE FILED THE THE THE THE THE THE THE THE THE THE	TO BE (296. SIGNATURE AND TITLE OF CERTIFIER AND ANALYSIS OF CERTIFIER AND ANALY	no I	Epury	DOLO	554	29d. DATE SIG	SINED (Month, Day, Year)
=	·	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	S (Trem 27) (Type	O B	199	2	2070	12
		APR 26 1993 Julia Jandess Anna	ATURE LAZ					

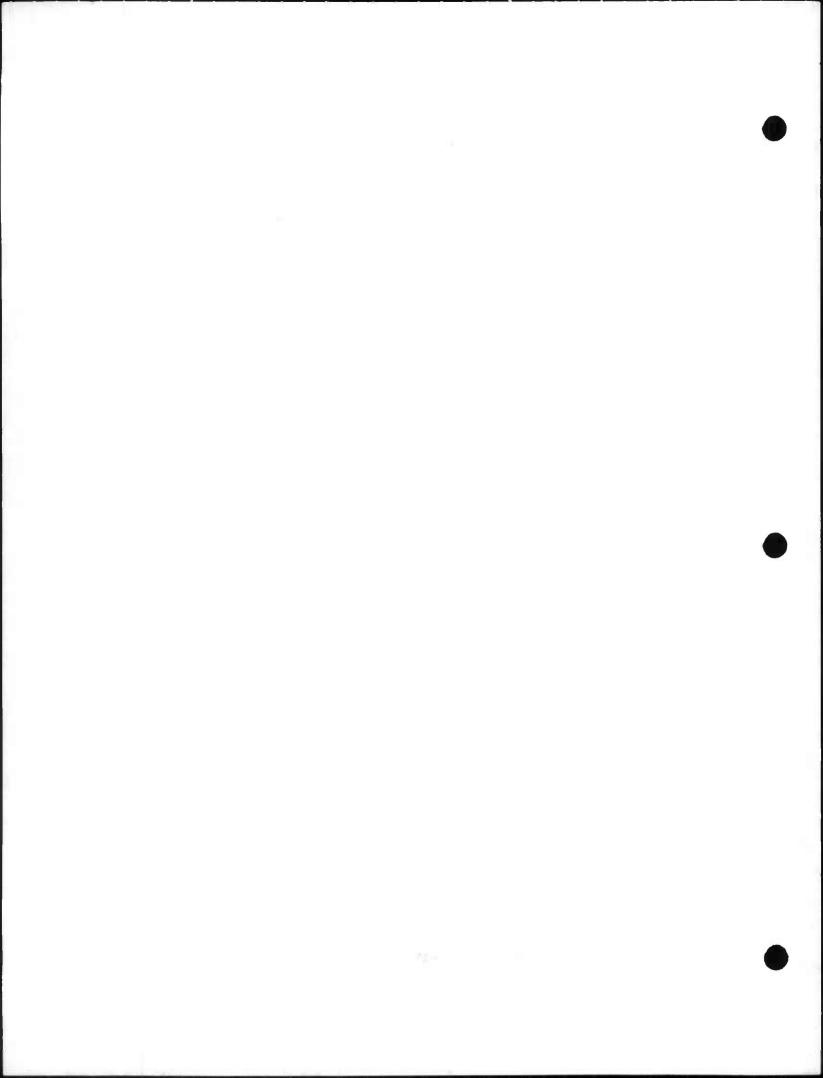


	-	REGISTRAR			CERTIFI	CATE	OF	DEATH	F	REG. NO.				
	}	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF				3. TIME OF DEATH	1
		VIOLA S DALE							APRIL	22,	1993	YEAR	4:45	D M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF				LACE (State or Fore	nian
		214-20-6918	1 🗌 M 2 📑 🗗	77	YRS.	MONTHS	DAYS	HOURS MIN.	NOV . 17	y, Year)		Country)	TIMORE	J. g.
Should		9a. FACILITY NAME (If not institution, give s	treet and number)	- / /		9h CITY	TOWN	OR LOCATION OF DE		, 171	9c. COUNT			
3 g	œ								AID					
. 2	DIRECTOR	THE JOHNS HOPKINS	HOSPITAL			BALT	IM(ORE CITY			BALT	<u>IMOR</u>	<u>(E</u>	
	ည္က	10e. STATE 10b. COUNTY	,		10c. CITY	TOWN OF	R LOCA	ATION			-		10d. INSIDE CITY	_
0 0 1	뜻	MARYLAND	ית דאם	IMORE	,	BALTI	MOT	DIF				- 1	LIMITS?	
AND DESCRIPTION OF THE PERSON		10e. STREET AND NUMBER	DALI	LHOKE	1	MLII	_	Of, ZIP CODE					1 YES 2 X N	10
	FUNERAL		DOAD				100				10g. CITIZI		HAT COUNTRY?	
Law Law	ᄬ	1069 CRAFTSWOOD						2122					.A.	
020 physician	교	1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO			CENDENT OF HISPAN pecify Cuban, Maxica			or No- 1	I4. RACE - Black,	 American Indian White, atc. 	1,
0020 fing physici	שׁ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	_ YES	S 2 NO Specify				Specify:	WHITE	
	- 1	15. DECEDENT'S EDUC	CATION	T 40.	2525251512	1			1100				WHILE	
use and		(Specify only highest grade	completed)		Give kind of we life. Do NOT use	ork done di	uring m	iost of working	16b. KII	ID OF BUS	INESS/INDU	STRY		
ND 2 hospital of acrited for	ן ב	Elementary/Secondary (0-12)	College (1-4 or 5	-)										
ANI THE POST detraction	COMPLETED	12TH GRADE 17. FATHER'S NAME (First, Middle, Lest)			ASSIST	ANT	MAN		-	ROCE				
YLAND by the hospit be detached at once.	ဗ	CLIFFORD STANLEY	CARLOCK					18. MOTHER'S NA						
			GARLUCK					MAZIE V						
	2	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street	and Number or Rural F	loute Number,	City or Town	State, Zip C	(ode)		
	_	GENE CROCETTI			2902	WINC	HES	STER WAY	- FALL	STON	, MD.	210	47	
IORE, e 6 may bu ector, page must be		20g METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remo	oval from State	20b. PL/	CEANDDATEO	F DISPOSIT	TION (N	lame of	OATE	20c. LOC	CATION — CI	ity or Town	n, Stata	
A Se 6 or recto		4 Donation 5 Other (Specify)		LORR	AINE PA	RK C	EME	ETERY	4/26	WO	ODLAW	N		
ALTIMORE, death. Page 6 may by the funeral director, page 6 way by caminer must be	- 1	21. SIGNATORIS OF FUNERAL SERVICE LIC	ENSEE					ND ADDRESS OF FAC	CILITY					
ALT death. funera	- 1	14 1 11 4	- Mr					ARD FUNER			- •			
BA filter of the loval.	\dashv	22 DATE FOR MANY 17 A	W 111/10	مورو		41	.07	WILKENS	AVENUE	-BAL	<u> TIMOR</u>	E, M	D. 2122	9
Hours after the sid in by the or remova	ı	23. PART I. Enter the diseesea, or of ahock, or heart failure.	complications that List only one ceu	t caused the	daeth. Do no line.	ot antar t	he mo	ode of dying, suci	n an cerdiac	or reapir	story erre	nt,	Approximat	
24 hours filled in fon, or re		IMMEDIATE CAUSE (Final	•										Onset and	
hin math	l	disease or condition resulting in death)	. CiArl	iopul	SEOUENCE OF	4	Cr	MAPE					36614	ξ.
BOX 68760, cate be executed within thysician and completely a prior to bund; cream or traumatic cream;			OUE TO	(OR AS A CO	SEQUENCE OF	:/		7017-3						
6876 precuted and corr burial, hatic en	z		Sepsi	1									lune	
X X	2 ∥	Sequentially list conditions, if any, leading to immediate	OT 300	OR AS A COI	SEQUENCE OF	:								
3O) site be prior prior trau	5	CAUSE (Disease or Injury	<u>.</u>											
o.O. E	<u> </u>	that initiated events	DUE TO	(OR AS A CO	SEQUENCE OF	:							1	
S, P.O. BOX 68' death certificate be execute is attending physician and ornal hygiene prior to bund a iry, or other traumatic	CERTIFICATION	resulting in death) LAST	1.										!	
S, deal deal deal	10												1	
ORDS, that the dear dear by the att the and Menta any injury.	4	PART II. Other aignificent condition	contributing to	death but n	ot reculting in	tha und	leriyin	ng cause given in	Part I. 24	. WAS AN A			WERE AUTOPSY FINE	
RECORD requires that the cen signed by the of Health and shows any in	EDICAL	CAD, Ante	Sterning	5-4	Aur				_ 1	YES 2		C	COMPLETION OF CA	
REC requires been sign shows	ME										1		OF DEATH?	,
Y rec									_			1	1	
DIVISION OF VITAL RECO DR ATTENDING PHYSICIAN: The law requires DIRECTOR. After this certificate has been sign rours after death with the State Dept. of Health tem 28 is marked, or item 23 shows:	PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF DEATH (Che	ck only one)			_		
N: TI ficate State	3	EXAMINER?	HOSPITAL:	E9/Outpeties		OTHER								_
F V SICIAL Certific the		27. MANNER OF DEATH	28a. DATE OF		28b. TIME			JURY AT			###W 000	1050		
ON OF NG PHYSI fler this c eath with marked,		1 Natural 5 Pending	(Month, D		INJU		WC	ORK?	26d. DESCRI	BE HOW IN	JUHY OCCU	HEU		
ON DING After death	ā	Accident Investigation	28a PLACE O	E IN II IDV A	t home, farm, st			YES 2 NO						
DIVISION DR ATTENDING F DIRECTOR: After in hours after death item 28 is man	3	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	t nome, rarm, st	reet, rector	ry, offic	C0	281. LOCATIO	N (Street ar wn, State)	id Number or	Rural Rou	ite Number,	
DIVISI DR ATTEN DIRECTOR: hours after Item 28 i	ų l													
	<u> </u>							a and place, and due						
TO THE HOSPITAL TO THE FUNERAL Be flied within 72. IMPORTANT: II	COMPLE	2 MEDICAL EXAMINE	R: On the basis of an	amination and	l/or investigation	, in my op	inion, c	death occured at the	lime, data and	place, and	due to the	cause(s) I	and manner as star	led.
E HOSPI E FUNER WITHIN		296. SIGNATURE AND TITLE OF CENTIFIER	i i					29c. LICENSE NUM	BER	T	29d, DATE	SIGNED /	Month, Day, Year)	-
		Chotte Stool	1.0 04	0				AJ41473	57	ŀ	► 4/1:	22/50)	
2839	2 ∦	20. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH	ITEM 273 (Time I	Print)		בריו טיין	600	N LIOU	(12	-11)	
		Sott u Pel al	010	Tol	(- /	opki		46.			LFE S			
	. 1	31. DATE FILED (Month, Day, Year)	d 32 REGISTRA	R'S SIGNATION	11/ 7	الماري	7	INJAM	BALTO	. יטויו	2178	/		
	0	APR 2 6 1993	John David	man-Man	1									
		WILL ON 1999	71.	•										



BALTIMORE, MARYLAND 21215-0020	rectains that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITATION AT ENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)				T	2. DATE OF DEATH		3. TIME OF DEATH
	Sister Ann Rich	hard Dunn,	S.N.D.			April 22,	1993 YEAR	2:15 P. M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IE IMPER 24 MPS	7 DATE OF BIOTH	A DIO	THPLACE (State or Foreign
	214-56-0387	1 □ M 2 🖳 F 8() YRS.	MONTHS DAYS	HOURS MIN.	(Morth, Day, Year) Feb. 15, 19	L3 Was	hington, D.C.
-	9a. FACILITY NAME (If not institution, give a			96. CITY, TOWN O	R LOCATION OF DEA	гн	9c. COUNTY OF	DEATH
DIRECTOR	Provincial Reside	ence		Ilches	ter		Howa	ard
) H	10a. STATE 10b. COUNT	Υ	10c. CIT	, TOWN OR LOCATE	ON			10d. INSIDE CITY
	Maryland Howa	ard	I1	chester				LIMITS?
\¥	10e. STREET AND NUMBER			101.	ZIP CODE			WHAT COUNTRY?
FUNERAL	Landing Rd.				21041		U.S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spe	cify Cuban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14, RA Bis	CE — American Indian, ick, White, etc.
8	3 Widowed 4 Divorced	IF YES, GIVE WAR OR (DATES	1 TYES	2 ☑ NO Specify:		% Whi	te
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCUPATIO	N t of working	16b. KIND OF BUS		
=	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)				
ME	12 17. FATHER'S NAME (First, Middle, Lest)	4	Treasure	r & Prop		Province (First, Middle, Maiden		idence
	John P. Dunn					Sullivan	Sumame)	
BE (19a. INFORMANT'S NAME (Type/Print)	illa Julie	19b. MAILING	ADDRESS (Street ar	d Number or Rural Ro	ute Number, City or Town	r, State, Zip Code)	
2	Sister Edith Ann		1531	Greenspr	ing Valle	ey Rd., St	tevenson	,Md.21153
	20a, METHOD OF DISPOSITION 1 Surfal 2 □ Cremation 3 □ Rem	povel from State ce	b. PLACE AND DATE of	F DISPOSITION (Nar	ne of	DATE 20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify)	Celuser S:	isters of			nur 4/26		
	1/ 1/1/1/	76				meral Hor	-	
	Monora C Sell	erre -				, Towson,		204
		List only one cause on a	d the death. Do neach line.	ot enter the mod	le of dying, such	as cardiac or respi	ratory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	11-00-	0~	up A	100 100	. 4		Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	Die Control	treinor	111		
Z	Sequentially list conditions.	b						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):				
밀	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF):				
E	resulting in death) LAST	d						
	PART II. Other significent condition	ns contributing to deeth	but not resulting I	n the underlying	cause given in Pr	ert I. 24a. WAS AN	ALITTOREY 2	4b. WERE AUTOPSY FINDINGS
CAL			out not resonant i	ii the underlying	cause given in Pi	PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						1 YES 2	□ №	OF DEATH?
2						-		1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				NCE OF DEATH (Check	k only one)		
YSI	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 🗆 DOA	OTHER: 4 Nursing Home	5. Residence 6	Other (Specify)		
PHY		OR SATE OF BLUMBS	28b. TIM		RY AT 2	ed. DEŞCRIBE HOW II	JURY OCCURED	
B	27. MANNEB OF DEATH	(Month, Day, Year)	INJ					
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		M 1 🗆 Y	ES 2 NO			
ED	1 Natural 5 Pending		Y — At home, farm, a	M 1 🗆 Y	ES 2 NO	181. LOCATION (Street a City or Yown, State)	nd Number or Runi	I Route Number,
	1. Netural 5 Pending Investigation 3 Suleids Could not be determined	(Month, Dey, Year) 26e. PLACE OF INJUR's building, etc. (Spe	Y — At home, farm, a	M 1 🗌 Y	ES 2 NO	City or Town, State)		I Route Number,
	1. Netural 5 Pending Investigation 3 Suleids Could not be determined	(Month, Dey, Year) 28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, farm, a city)	M 1 V	ES 2 NO 2	City or Town, State) the cause(a) and men	ner as stated.	
COMPLET	1 Netural 5 Pending Investigation 3 Suleton Could not be determined 22d. CERTIFIER 1 CERTIFUNG PHYS	(Month, Dey, Year) 28e. PLACE OF INJUR building, etc. (Spe CAN To the best of m know R: on the basis of examination	Y — At home, farm, a city)	M 1 V	ES 2 NO 2	City or Town, State) the cause(a) and men ne, data and place, an	ner as stated.	If Route Number, o(e) and menner as stated. ED (Month, Day, Year)
BE COMPLET	1 Netural 5 Pending Investigation 3 Suleids Could not be determined 2 CERTIFIER 1 CERTIFING PHYS (Check only 2 MEDICAL EXAMINE POS. SIGNATURE AND TITLE OF CERTIFIER	(Month, Dey, Year) 26e. PLACE OF INJUR' building, etc. (Spe CAN) To the basis of exchanatic	r — At home, ferm, s	M 1 V V V V V V V V V V V V V V V V V V	es 2 NO	City or Town, State) the cause(a) and men ne, data and place, an	ner as stated.	o(a) and menner as stated.
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BE COMPLET	1 Netural 5 Pending Investigation 3 Suleids Could not be determined 2 CERTIFIER 1 CERTIFING PHYS (Check only 2 MEDICAL EXAMINE POS. SIGNATURE AND TITLE OF CERTIFIES	(Month, Dey, Year) 26e. PLACE OF INJUR' building, etc. (Spe CAN) To the basis of exchanatic	r — At home, ferm, a crity) riedge, death occurrs in end/or investigation ATH (IYEM 27) (Type,	M 1 V V V V V V V V V V V V V V V V V V	es 2 NO	City or Town, State) the cause(a) and men ne, data and place, an	ner as stated.	o(a) and menner as stated.



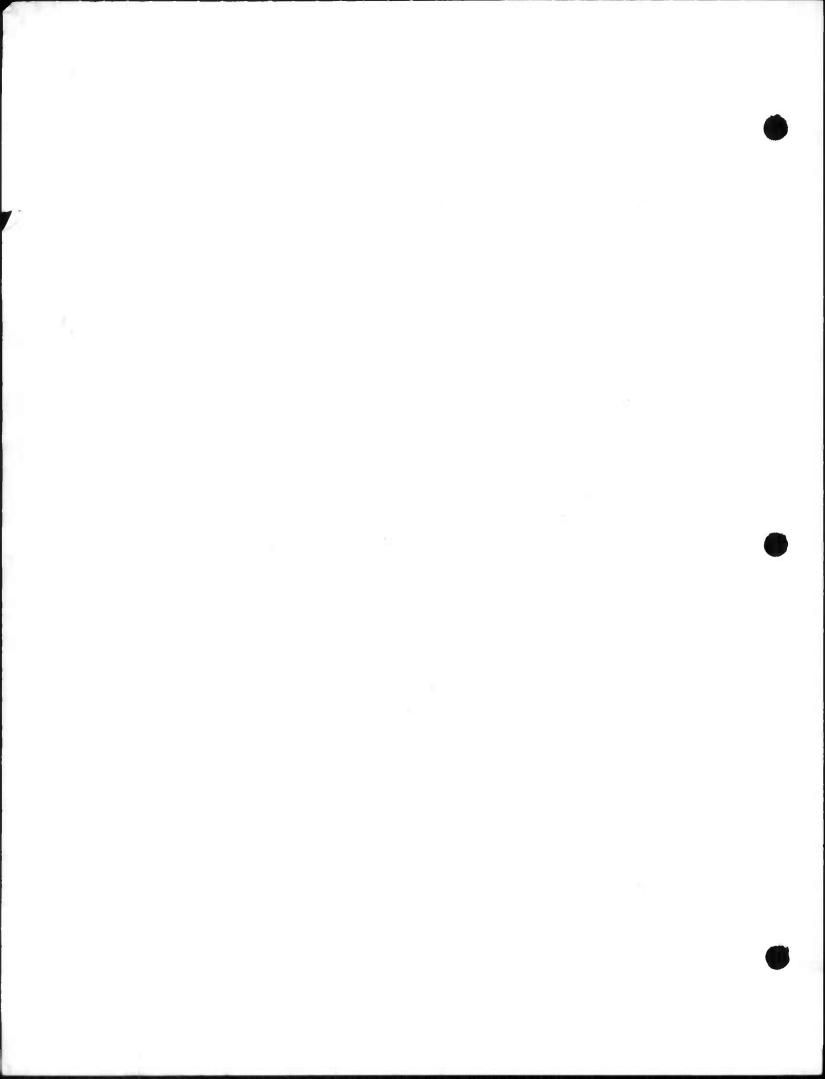
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		OLITIII	TOATE O	F DEATH	1	REG. NO.		_	
	Dobbyn Al	na. Thei	esa	Dobby	IN	2. DAT	TE OF DEATH	7- 9	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs, lest birthday)	IF UNDER 1 YEA		(Moi	E OF BIRTN rith, Day, Year)		Country)	CE (State or Foreig
	9s. FACILITY NAME (If not institution, give str		87 THS.	9h CITY TOW	N OR LOCATION OF		/18/190	9c. COUNT	4	Texas
OR	Westminster Nu	rsing Home	ę.		+mins:			Cai	1	/
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		1 400 00	TY, TOWN OR LO				Cai		
DIRECTOR		roll County	loc. Ci		estminste	r				LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZE		YES 2 N
FUNERAL	1234 Washington	Road			21157				U.	S.A.
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 XNO	If yes,	ECENDENT OF NISPA specify Cuban, Maxic ES 2 NO Speci	an, Puarto	IN? (Specify Yea Rican, etc.)	or No- 14	Specify:	American Indian
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a, DECEDENT'S	USUAL OCCUPA	TION	16	b. KIND OF BUS	INESS/INDUS		-11/0
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.)						
N N	17. FATHER'S NAME (First, Middle, Lest)		,I,eTebi	none Op			Southwe		Bell	
EC	John Conrac	ſ			Kath		Middle, Maiden !		nd I	
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	et and Number or Rura	Route Nur	mber, City or Town	T-FMG. State, Zip Co		
2	Mrs. Jean Ernst				d Drive S					
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremetion 3 Remove		PLACE AND DATE		(Name of	OA		ATION - CIT		
	4 Donation 8 Other (Specify)		Lorraine	Park (Cemetery AND AODRESS OF F	4/2	7 Bal	timor	e, M)
	· Brian	P Zlaide	<i>t</i>	HAIG	HT FUNERA	L HO	ME (P.C	. Box	195)	
	23. PART I. Enter the diseases, or co	mplications that caused	the death. Do	Syke:	sville, M	D 21	/84 (41	0)-79	5-140	Approximat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):	Sud	ly				Onset and I
MEDICAL	Dra.	contributing to death be	ut not resulting	In the underly	ing cause given in	Part i.	24a, WAS AN A PERFORM	AED?	AVAI CON OF I	RE AUTOPSY FINE ILABLE PRIOR TO IPLETION OF CAI DEATH? YES 2 NO
PHYSICIAN:		HOSPITAL:		26. OTHER:	PLACE OF OEATH (C	heck only o	ne)			
HYS	1 YES 2 NO	1 Inputient 2 ER/Outp	atlent 3 DOA	4 Numing H	ome 5 Residence					
- 1	1 Natural 5 Pending	(Month, Day, Year)		IURY	YES 2 NO	200. 06	SCRIBE HOW IN	JURY OCCUP	RED	
ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	— At home, farm,			281. LOI City	CATION (Street and or Town, State)	nd Number or	Rural Route	Number,
BE COMP		AN: To the best of my knowledge on the basis of axamination				time, date				
٩	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (MOSTE) Day, War)	COMPLETEO CAUSE OF OE	UM	Print)	1 M	1sc	Ld	W	151	Men
	APR 26 1983	HEGISTRAR'S SIGNA	TURE			0				

W 113 S41

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 4-16-93 9 5 WOOD ANDREA ELWOOD 2. DATE OF DEATH 3. TIME OF DEATH MONTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 4 - (Month, Day, Year) 11-10 58 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 🗌 M 2 📝 F GLF-11-5 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greater Laurel Beltsville Hospital Laurel Prince George Co RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MI Montgomery Silver Springs 1 YES 2 NO funeral director, page 5 should be detached for use as the burial-transit permit, FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Great Oaks Center 20904 3100 Gracefield Road USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 YES 2 NO BY Specify 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Andrew Charles Elwood BE Virgie Key notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs Virgie K. Zimermann 6251 Old Dominion Dr #322m Mc LEAN, VA 22101-4808 9 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must examiner NATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY State Anatomy Board Bonald Wade, Dir executed within 24 hours after death. 4/21/93 655W.BaltimoreSt,Balto.,MD 21201 the attending physician and completely filled in by the it Mental Hygiene prior to burial, cremation, or removal. medicai Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. IRREVERSIBLE BRAINDAMAGIS MEDIATE CAUSE (Finel Onset and Death 鲁 disease or condition DUE TO (OR AS A CONSEQUENCE OF): ANUXIC ENLEMMALORATOR

Fruite Prolonged Cardio Resp Area event, reaulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be trunkERAL DIRECTOR. After this certificate has been signed by the attending physician within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to TIANT: If Item 28 is marked, or Item 23 shows any injury, or other traun ezure disorde cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events mermonia resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? Severo 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide COMPLET 29a. CERTIFIER (Chack only 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end manner se stated. 2
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 296. SIGNATURE AND TITLE OF GERTIFIER 29d. DATE SIGNEO (Month, Day, Year) 踞 SKU (CADIMI). DO4-18-93 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Hanoverpknay Greentelf MD 2010 SHRINIVAP X ·UDA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

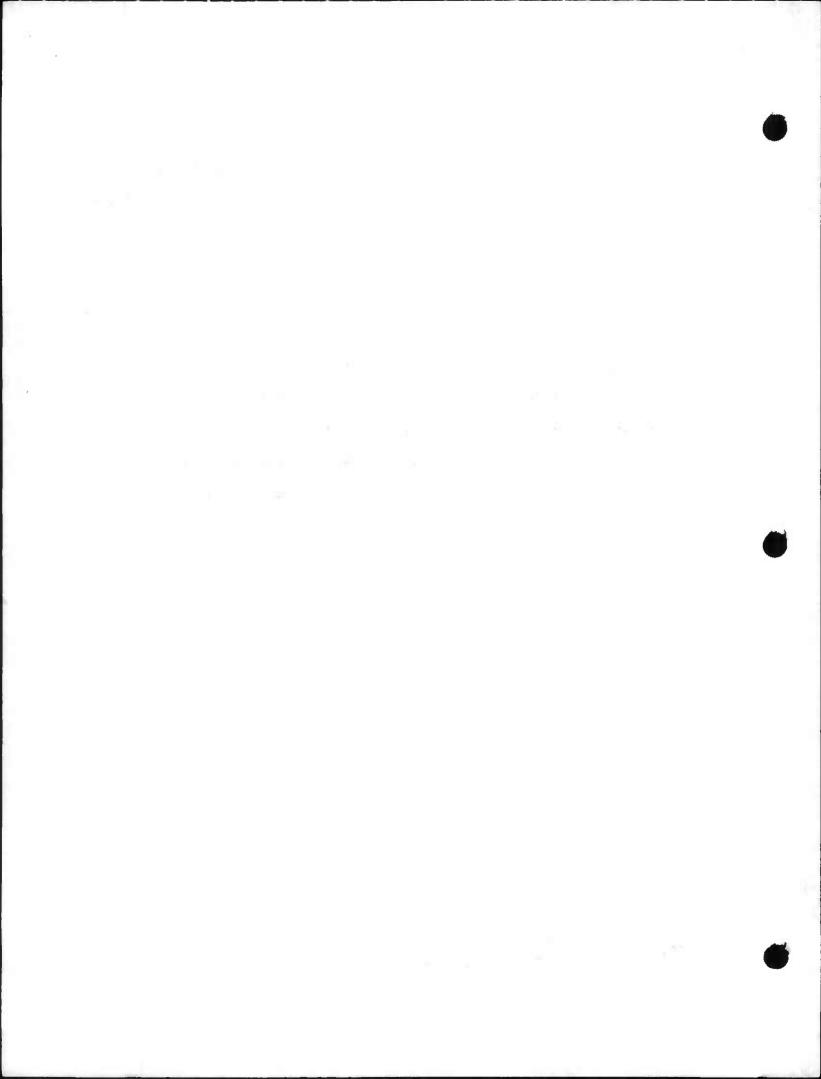


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BALTIMORE, MARYLAND 21215-04	4 hours after death. Page 6 may be retained by the hospital or attern	filled in by the funeral director, page 5 should be detached for use and, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR ERTIF	RTMENT O	F HE	ALTH	AND	MENT	AL HYGIE REG. N			1 1 /	
	1. DECEDENT'S NAME (First, Middle, Lest)									TE OF DEATH	DAY	WEAR	3. TIME OF	DEATH
	CLETUS	S		E	LDRING	HOF	F		MON	4 19		YEAR	115	O M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le		IF UNDER 1 YE		IF UNDER	R 24 HRS.	7. DAT	E OF BIRTH			HPLACE (State	
	497-18-4865	1 🔀 M 2 🗆 F	70	YRS.	MONTHS DO	418	HOURS	MIN.	12	-24-19	22		ssouri	
~	Se. FACILITY NAME (If not institution, give s				9b. CITY, TO	WN OR	LOCATI	ON OF DI	EATH		9c. COL	INTY OF E	DEATH	
DIRECTOR	Good Samaritan	Hospit	al		Bal	tir	mor	e						
Ä	10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN OR L	OCATIO)N						10d, INSIDE	CITY
	Maryland				Baltim	nore	e Ci	ty					LIMITS?	
3AL	10e. STREET AND NUMBER					101. 2	ZIP COD	_			10g. CI1	IZEN OF	WHAT COUNTR	TY?
FUNERAL	6219 Chinquapin							2123				U.S	S.A.	
문	11. MARITAL STATUS 1 1 Never Married 2 K Married		YES 2	RMED NO	13. WAS	DECEN	NDENT C	OF HISPAN	NIC ORIG	in? (Specify You Rican, atc.)	ea or No-	14. RACI Blac	E — American k, White, etc.	Indian,
B≺	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 🗆	YES 2	X NO	Specifi	y:			Spec	White	
8	15. DECEDENT'S EDU		16a. Di	ECEDENT'S	USUAL OCCU	PATION			16	8b. KIND OF B	USINESS/IN	DUSTRY	WIIICO	
Ш	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5	+) (G	live kind of a b. Do NOT us	work done durin se retired.)	ng most	of worki	ng						
<u> </u>		2 years		Cabin	et Mak	er								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	, Middle, Maide	n Surname)			
BE	George Martin	Eldring						roli		Eikel				
ဥ	19a. INFORMANT'S NAME (Type/Print)				AODRESS (Str									
	Jane Eldringhoff				Chinqu			arkw	vay				yland	21239
	1 Burial 2 Cremation 3 Rame 4 N Donation 5 Other (Specify)	oval from Stata	cometery cre	ametany or o	of DISPOSITIO				1		OCATION -			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Anator	ny Bo	ard of	E AND	ADDRE	and	4-					
	220000000000000000000000000000000000000	rrarse	_									Rd.	Balto	
\vdash										ld Hom	_		۷.	.212
	23. PART I. Enter the diseases, or carbook, or heert failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ather	OS A CONSE	tic.								rest,	Interv	ximate at Between and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	(OR AS A CONSE											
1 - 1	PART II. Other aignificent condition	s contributing to	deeth but not r	esuiting i	n the under	ivina c	euse (aiven in	Part i.	24a WAS A	V AUTTORY	24h	. WERE AUTOPS	V ENDINGS
IN: MEDICA	History of Colo	in CANCEI	<							PERFO	RMEO?		AVAILABLE PR COMPLETION OF DEATH? 1 YES 2	OF CAUSE
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLAC	E OF D	EATH (Che	eck only o	one)				
ΥSI	1 N YES 2 □ NO	1 Inpatient 2 D		□ DOA	4 Nursing	Home	5 🗆 Ra	sidence	a 🗌 Oth	er (Specify)				
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D.		28b. TIM	URY	. INJUR WORK	7		28d. DE	SCRIBE HOW	INJURY OC	CURED		
B	2 Accident Investigation	20- 51-107-0					3 2	NO						
8	3 Suicide 8 Could not be determined	building,	F INJURY — At ho etc. (Specify)	me, tarm, s	freet, factory, (office			28f. LO	CATION (Street y or Town, State	and Number	or Rural F	Route Number,	
LET	29a. CERTIFIER	CIANI. To the head of	- 1 1 1											
COMPL	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER) and manner	na stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER							NSE NUM					(Month, Day, Y	
OB	Dennis a	. Chut	and				0.0	C.M.	E.				1993	V .
2	30. NAME AND ADDRESS OF PERSON AND	COMPLETED CAUS			Print) nn Sti	rec	+	Ral	1+15	noro	M = ==		A 2	1 2 0 1
	31. DATE FILED (Month, Day, Year) APR 26 1993	A2. RECIBTRA	ars sidualums		111 00	1 6 6	- 6 9	ממ	L L 11	HOTE,	mai	утаг	1u 2.	1201

TO THE ACCOUNT OF A TREADING PROSCIAR: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attends TO THE ACCOUNT OF THE ACCOU
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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND C	/ DEPAI	RTMENT OF	HEALTH DEAT	AND I		YGIENE EG. NO.	93	11785
N.	1. DECEDENT'S NAME (First, Middle, Last) AZIE	A	EAT	SN				2. DATE OF D	DEATH DAY	YEAR 93	3. TIME OF DEATH
OR	4. SOCIAL SECURITY NUMBER 220-36-9480	5. SEX	8. AGE (In yrs. Is 66	yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS, MIN.	7. DATE OF BI (Month, Day, JULY	197H 1970,19	8. BIRT	HPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number) St. Joseph Hospital				96. CITY, TOWN OR LOCATION OF DEATH TOWSON Baltim					DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
	Md. Baltimore			Essex						1 TYES 2 NO	
FUNERAL	28B Glenwood Road				101. ZIP CODE 10g. CITIZEN OF WHAT COUNT USA						
₽	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS OCCEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES										k, White, etc.
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(6	ECEDENT'S Give kind of DO NOT U	USUAL OCCUPAT work done during n se retired.)	ON ost of workin	g	16b, KIND	OF BUSINE	SS/INDUSTRY	
COMPLET	6th	Conege (I-4 or 5 +		Hou	sewife						
	17. FATHER'S NAME (First, Middle, Last) Eugene R	ichards				18. MOTH	Ros	ME (First, Middle, a Ball		name)	
O BE	19a. INFORMANT'S NAME (Type/Print)		11		ADDRESS (Street		or Rural A	Route Number, Ci	ty or Town, St		
F	Sherry Creger				8 Bellf:		Cou				
	20s. METHOD OF DISPOSITION 1 Dispuried 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of commerce Campaign and Part Places) Cemetery 4/27/93 20c. LOCATION — City or Town, State Commerce Campaign and Places Cemetery 4/27/93										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home 300MaceAve. 21221										
	23. PART I. Enter the diseases, or o shock, or heart/failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	ROLAC	e.	allero	- T	مما	s acu			Approximate interval Batween Onaet and Daath
NO	Sequentially list conditions,	EQUENCE OF): 2050 Distrais Spuller BOUENCE OF): 108						301			
CATIC	If any, leading to immediate cause. Enter UNDERLYING							10%			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST		SEOUENCE OF):						44		
L CE	BADT II Other significant and the control of the co							. WERE AUTOPSY FINDINGS			
MEDICA									PERFORMED)?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								_			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DE	ATH (Che	ick only one)			
YSIC	1 ANES 2 NO	HOSPITAL:		_	OTHER:		idenca	6 Other (Spe	cify)		
	27. MANNER OF DEATH 1 Netural 5 Pending	28a, DATE OF I (Month, Day		28b. THV	IURY W	JURY AT ORK? YES 2	NO	28d. DEŞCRIBI	E HOW INJUR	RY OCCUREO	
тер ву	2 Accident Investigation 3 Suicide 8 Could not be determined 26s. PLACE OF INJURY — At he building, etc. (Specify)				ome, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.										
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			MA	29c. LICENSE NUMBER DISSUS				(1001)		
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM E. RANDALL. IN H.33, 125 YORK RD LUTHERUILE 21043										
	31. DATE FILEO (Month, Day, Year)	OR REGISTRAN	V)	- 1				IN CKU	21093
11.	APR 26 1993 Ju	ha Davidson	Manda 20								- 1



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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EllioH Z 2 Lillian YEAR 93 3:40 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 218-28-0462 1 M 2 X F 69 2/19/1924 VIRGINIA Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR FRANCIS SCOTT KEY BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 X YES 2 - NO detached for use as the burial-transit permit. FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 5100 DARIEN ROAD 21206 USA hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Wildowed 4 Divorced If yes, specify Cuben, Mexican, P

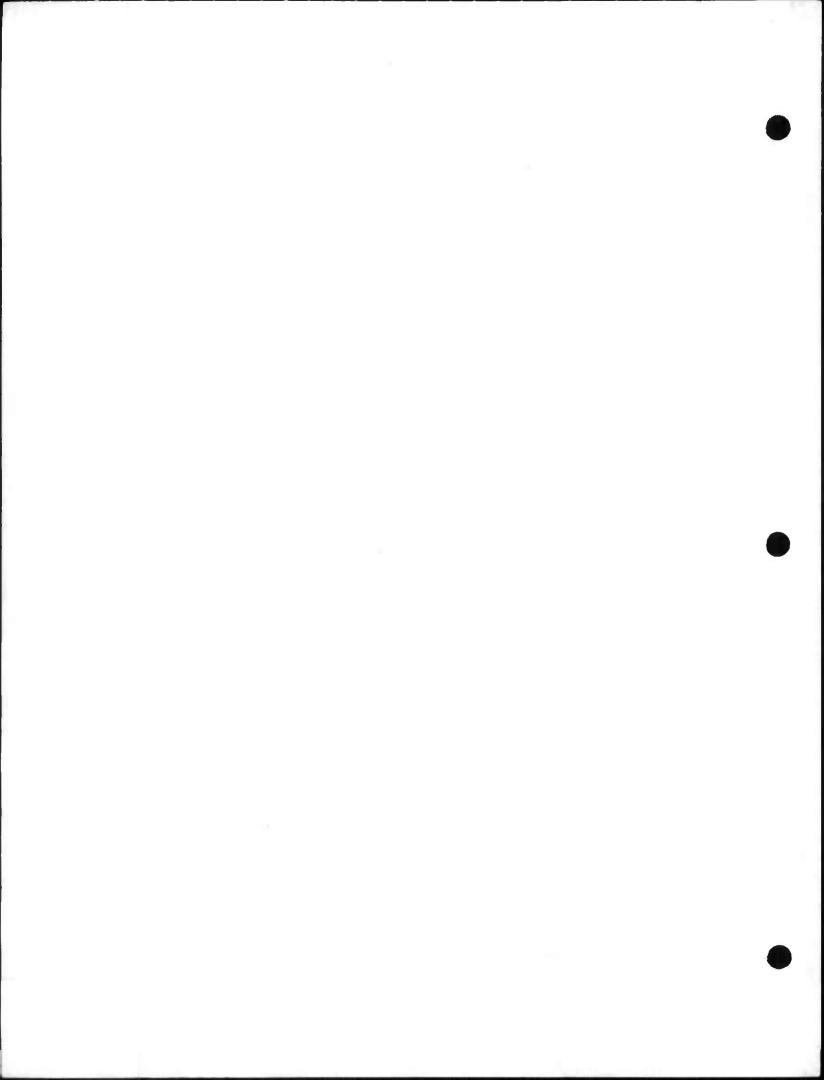
1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY **Black** COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) BE Lena Craft notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Joyce O. Elliott 5100 Darien Road Baltimore, 21206 pe 20a. METHOD OF DISPOSITION
1X Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Garrison Forest Vet. 4 ☐ Donation 5 ☐ Other (Specify) _ Cem Owings Mills, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal, AVENUE medical 23. PART I. Efter the diseases, or Effer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory street, abock, or heert failure. List only one ceuse or each line. Approximate Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition ecurrent ameloblastoma 2 yrs event, resulting in death) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Injury, the PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the of Health and N PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any TYES 2 NO 1 TYES 2 NO certificate has been in the State Dept. of 8 PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem EXAMINER? HOSPITAL: patient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED DIRECTOR: After this c hours after death with is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO ВҰ 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide S Could not be COMPLETED 28 4 Homicide TO THE INTERAL OF MIT TO THE FUNERAL DIRECTL De filed within 72 hours at IMPORTANT: It Item 2 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated, 29b, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mogth, Day, Ybar) BE D4064 93 22 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) lichae JA FRANCIS Scott Rey HSGD altimore 1993 Ch. (22. 15) 10 10 15

93-2159	-510
blh	ITE
1 - STATE	

ITEMS: 23 PART I, 27, 28a,b,d,e,f, PER MEO G-699 5/13/93 t.t

STATE OF MARYLAND / DEPARTMEN	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATI	OF DEATH	BEG NO

	REGISTRAN			ERIIF	ICALE	טר טו	EAIH	1	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF			1:	3. TIME OF DEATH
	Emanuel	Fos	Foster				04 23 1993				0900 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER t Y	EAR IF	UNDER 24 HRS.	7. DATE OF				LACE (State or Foreign
	213-60-7079	1)∑/M 2 □ F	39	YRS.	MONTHS D	AYS HO	URS MIN.	(Month, D	ay, Year) 5 - 54		ountry)	
	9a. FACILITY NAME (If not institution, give s				at CITY T	*****	OCATION OF D		7-54	9c. COUNTY OF DEATH		
a								EATH	1	9c. COUNTY	OF DEA	ХТН
2	301 Bridgeview Road Baltimore											
입	SDA CTATE SDA COUNTY											
DIRECTOR	MD										- 1	Od. INSIDE CITY
	MD BALT					1					_	YES 2 NO
¥						10f. ZIP				-		AT COUNTRY?
FUNERAL	301 BRIDGEVIEW ROAD 1st. FLOOR						2122	5		U.S	S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WAS	DECENDE	ENT OF HISPAI	NIC ORIGIN? (S	Specify Yes o	or No- 14.	RACE -	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		AMO			Cuberi, Mexica NO Specif		n, atc.)			BI ACK
	3 Wildowed 4 Divorced					^		,			Броопу	BLACK
	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPONENTS			USUAL OCCU			16b. KII	ND OF BUSI	NESS/INDUST	RY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 d		Me. Do NOT us	e retired.)	ny most or	working					
틸			i 1	JNEMP	LOYE)						
0	17. FATHER'S NAME (First, Middle, Lest)						MOTHER'S NA	MF (First Mich	tle Mairien S	(meme)	-	
	HOWARD FOSTER						ADDIE			a.rrenrey		
BE	19e. INFORMANT'S NAME (Type/Print)			105 MAN INO	AODDECC (O							. 5
임	EUGENIA FOSTER			2 A 1 D	D T D C D	reer end Ni	umber or Rural	Route Number,	City or Town,	State, Zip Cod	9) 1	st FLOOR
												21225
	20a, METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Rem	oval from State			OF DISPOSITION			OATE		TION — City		
	4 Donation 5 Other (Specify)		KING	3 MEM	ORTAL			i	RAND	ALLS1	OW	N, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	7,		22. NAI	ME AND AC	ORESS OF FA	CILITY				
	> Forman cani	11	2-5		WM.	C.M	ARCH	F. H. /	1101	F. 1	IOR	TH AVE.
	23. PART I. Enter the diseeses, or o	complications the	Language of the	Part A-								
	shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) NARCOTIC AND COCAINE INTOXICATION OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
¥	PART II. Other significent condition	s contributing to	death but not	reaulting i	n the under	lying cau	use given in	Part I. 24	. WAS AN AL			ERE AUTOPSY FINDINGS
EDICAL								13	YES 2		0	MAILABLE PRIOR TO OMPLETION OF CAUSE
								``				F DEATH?
Σ.								_			'	_ 125 2 _ NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL					# BY ACE	OF DEATH ON				_	
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	O. PLACE	OF DEATH (Ch	eck only one)				
PHYSI	1 X YES 2 NO	1 Inpetient 2				Home 5	Residence	6 Other (Sp	pecify)			
E	27. MANNER OF DEATH	26e. DATE OF (Month, De	INJURY By, Year)	And Linn	OFAT 280	WORK?	AT	28d. DESCRI	BE HOW INJ	URY OCCURE	D	
Æ	1 Natural 5 Pending 2 Accident Investigation	Found:4-	-23-93	7:45	A M 1	YES	2 🗌 NO	UNKN	OWN			
	3 Suicide 6 XXCould not be	28e. PLACE Of	F INJURY — At I	home, ferm, s	treet, factory,	office		281. LOCATIO	N (Street and	Number or Ru	ral Rou	te Number,
巴	4 Homicide datermined	FOUND A						Raltimo:	wn, State)3	ol Bride	gevi	ew Road
COMPLETED	29a. CERTIFIER			1 - 41				Baltimo				
₽	(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.											
8	2 LAMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and menner as stated.											
ш	29b. SIGNATURE AND TITLE OF CENTIFIER 29d. OATE SIGNEO (Month, D								fonth, Day, Year)			
0 8	munice 11	MAMY				O.C.M.E.			04_23_1993			1002
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUS	E OF DEATH (IT	EM 27) (Type,	Print)		1/41.4	T. C.		0.4	/ 3	1993
	LISIN DWW 1	1 KOROT	VM.	11 -		1	- 1 =	7				1
	31. DATE FILED (Month, Day, Year)	32 DEGISTRA	R'S CHANATURE	1 P	enn S	ITE	et, R	altim	ore,	_Mary	Lar	nd 21201
- 1	APR 26 1993 9	32 DAUGISTRAI	~- Mandal	2								
	WELL OF 1999 A											



MARYLAND

BALTIMORE

U.S.A.

YEAR

97

3. TIME OF OEATH

0845

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

WHITE

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO

Interval Between

Onset and Death

1 TES 2XXXVIO

BALTIMORE, MARYLAND 21215-00	ours after death. Page 6 may be retained by the hospital or attending pi	in by the funeral director, page 5 should be detached for use as the b	or removal.	nedical avaminar must be political of appoint
	2: ho	filled	OU, 01	he m
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2" hours after death. Page 6 may be retained by the hospital or attending the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	from 28 is marked or item 23 shows any injury or other traumatic event the medical avantage must be accided as account

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL DR A

TO THE FUNERAL (De filed within 72 h

THE THE

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

ВУ

COMPLETED

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH WILLIAM ALBERT FREY, JR. AMO 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 - F MONTHS DAYS HOURS MIN 215-03-9657 87 VRS JULY 24, 1905 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH 5736 FIRST AVENUE ARBUTUS RESIDENCE OF DECEDENT 10e, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE ARBUTUS 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5736 FIRST AVENUE 21227 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR OATES X If yes, specify Cuben, Mexican, Puerto R 1 Never Married 2 X Merried 3 Widowed 4 Divorced 166. KIND OF BUSINESS/INDUSTRY INTERNATIONAL 15. DECEDENT'S EOUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done iffe. Do NOT use retired.) Elementary/Secondary (0-12) 5th GRADE College (1-4 or 5+) SHEETMETAL WORKER SHEETMETAL WORKERS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) MARY MENAMEN WILLIAM ALBERT FREY, SR 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co. 5736 FIRST AVENUE—ARBUTUS, MD. 21227 MRS. ANNA E. FREY 20e. METHOD OF DISPOSITION
1 Burlel 2 Coremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION /Name of DATE 20c. LOCATION - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY, INC. 4/27 BALTIMORE 21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. 23. PART I. Enter the diseases, or complications that be used the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Orterio Schoret Cla dis Vascul Direcco resulting in death) Sequentielly list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL

YES 2 NO	1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	rsing Home 5 Residence	8 Other (Specify)
27. NANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED
3 Suicide S Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, street, fac	tory, office	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)

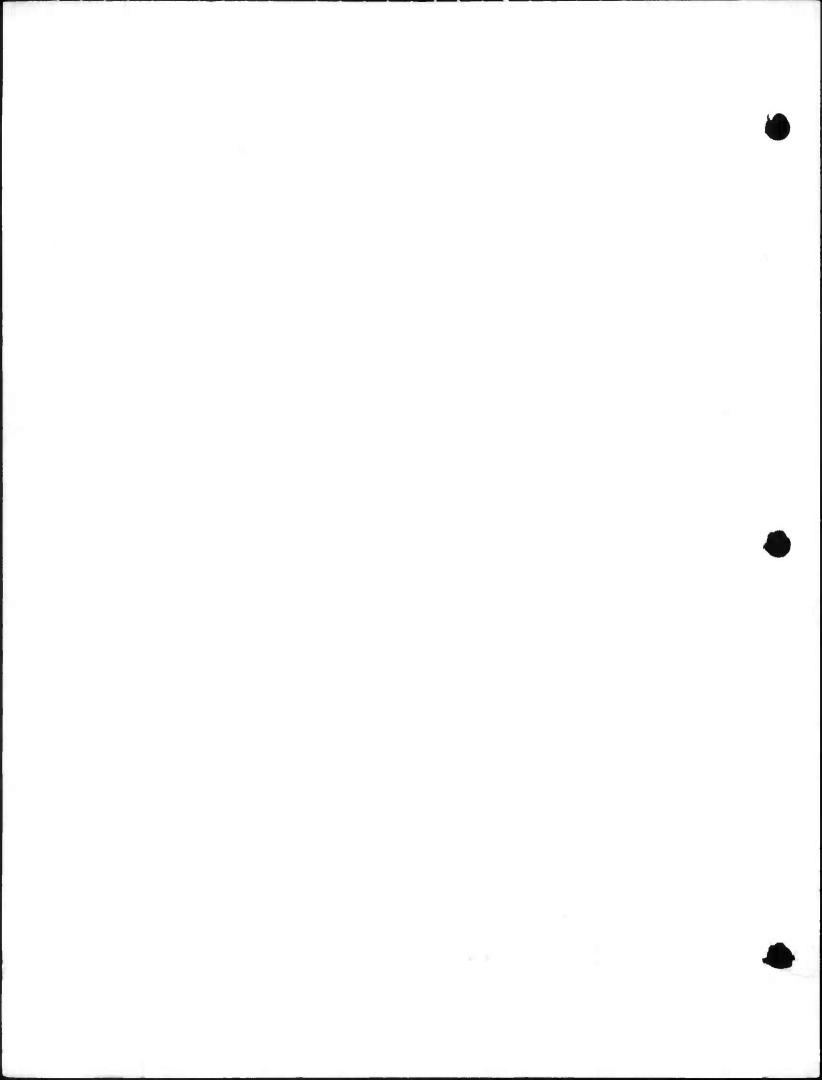
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and menner as attack. 2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated.

29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

+April 24,1993 WHO COMPVETED CAUSE OF DEATH (ITEM 27) (Type, Print) PYIND 0010 11 E. CHASE ST.,-SUITÉ

DR. STANLEY FELSENBERG - DEPUTY MEDICAL EXAMINER-BALTIMORE, MD.

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 6 2 1993



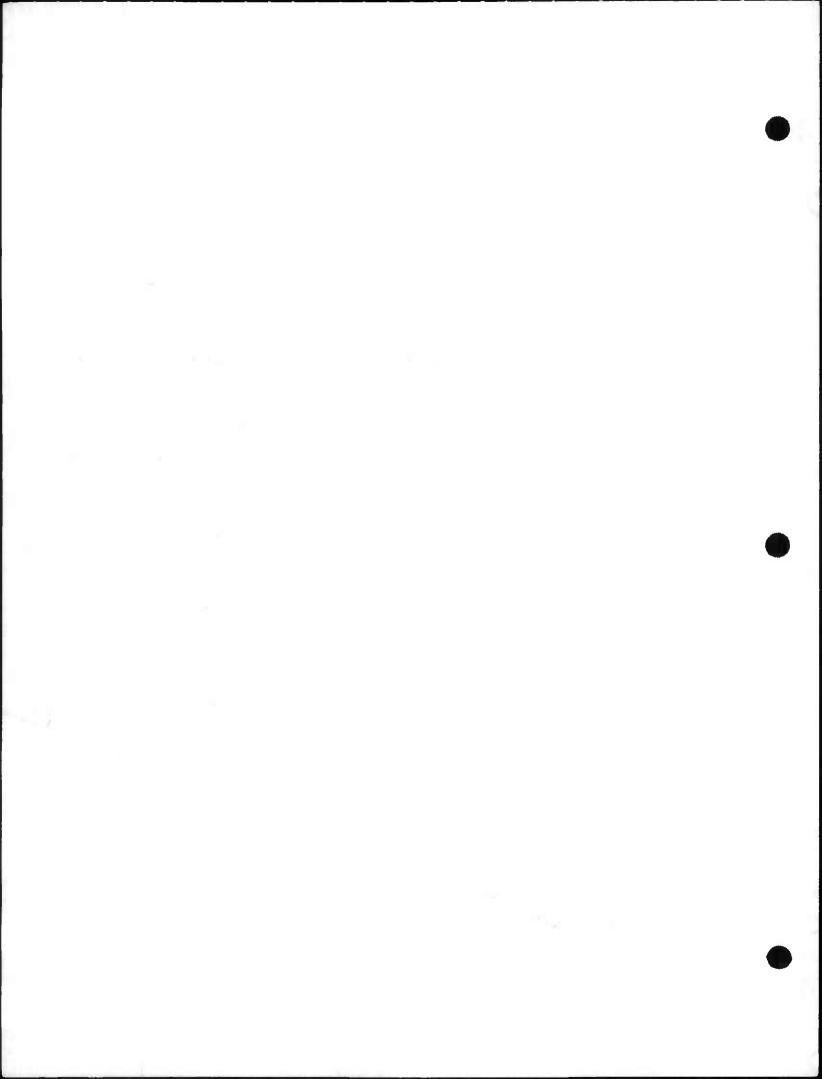
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fleet manner attended with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORATION WAS IS IN MANUAL TO BE CONDITION FINED AT INCOME.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY VEAR											
	Mildred Goeb		Farl	OW		04 23 1993				1008		
	4. SOCIAL SECURITY NUMBER 5. SEX 220-05-0963 1 □ M 2 🔯	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH								IPLACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give street and number,	W.L.		9b. CITY, TOW	N OR LOCATION OF D			9c. COUN		-		
ECTOR	Good Samaritan Hospi	tal		Balt	imore							
DIME	10a. STATE 10b. COUNTY Maryland			timore						10d. INSIDE CITY LIMITS?		
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FUNERAL	6225 York Rd. E215				21212				.S.A			
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EIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		16a. DECEDENT'S U (Give kind of wo	de done durina	TION most of working	16b. I	KIND OF BUS	SINESS/INDI	USTRY			
LE	Elementary/Secondary (0-12) College (1-4 o	5+)	Ille. Do NOT use	retired.)	stration	So	ocial	Secu	rity	Admin.		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA							
BE	Charles Herbert	G	loeb		Mild	red	Iren	ie	Hym	an		
	19a. INFORMANT'S NAME (Type/Print)				t and Number or Rural							
-	James Peter Farlow		2935 0	Craiest	on Lane,	Abing						
	20a. METHOD OF DISPOSITION 11 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)			ACE AND DATE OF DISPOSITION (Name of Location - City of Town 4-26-93 Baltimore,								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		-		AND ADDRESS OF FA		al Hon	ne Ti	nc			
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		OF INJURY o, Day, Year)	28b. TIME INJUI	OF 28c. I	NJURY AT YORK?		RIBE HOW II					
	2 Accident Investigation 04	3 19	2 2 1 0 2 4 1	J. -	YES 2 NO		enge 7anf		Pac	yed in an		
	3 Suicide 8 Could not be determined 28s. PLAC build	ng, etc. (Spec	- At home, farm, atr	eet, factory, of	lice	City or	TION (Street at Town, State)			_{oute Number,} Raven Blvd		
á	29e. CERTIFIER (Check only one) 1	of my knowl	ledge, death occurred	et the time, de	ite and piece, and due	to the cause	e(a) and man	ner as state	d.			
옛	29b. SIGNATURE AND TITLE OF CENTIFIER	1.4			1							
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th. Page 6 may be retained by the hospital or attending physician. **.TIMORE, MARYLAND 21215-0020**

director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa	
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FOR STATE REGISTRAR \$01141 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH iole YEAR 11:39 PIN 04 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR 221-26-2163 HOURS 1 M 2 X F 73 YRS. VA 5-20-19 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimone 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 216 Beale Ct. 21231 USA NAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
 If was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YOU NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married If yea, specify Cuban, Mexican, Pu 1 TES 2 X NO Specify: BY Specify Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 6th Laundry Francis Scott Key 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Branch BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 2 William Giles 1419 Holbrook St./Baltimore, MD 21202 20s. METHOD OF DISPOSITION
1 V Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE HO Ty HI HI Chematory Pl other phace) Cemetery White Marsh, 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haert fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) OUE TO (OR AS A CONSEQUENCE OF): lactic Acidosis BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING OUE TO (OR AS A CONSCOUENCE OF): **CAUSE (Disease or Injury** thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? Congestre 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO me 5 - Residence 6 - Other (Specify) 4 - Nursing Ho 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigat 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) COMPLETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, de cured at the time, data and piece, and due to the cause(a) and manner as stated, 296. SIGNATURE AND TITLE OF CHATTERS BE 29c. LICENSE NUMBER 3888 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) KHALED 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE 26 Savidson Rando 1993



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FINNEAL DIRECTION After this certificate has been stoned by the aftending physician and completely filled in by the threat director name 5 should be detached for use as the burial-trace's name; a phase 4 0 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

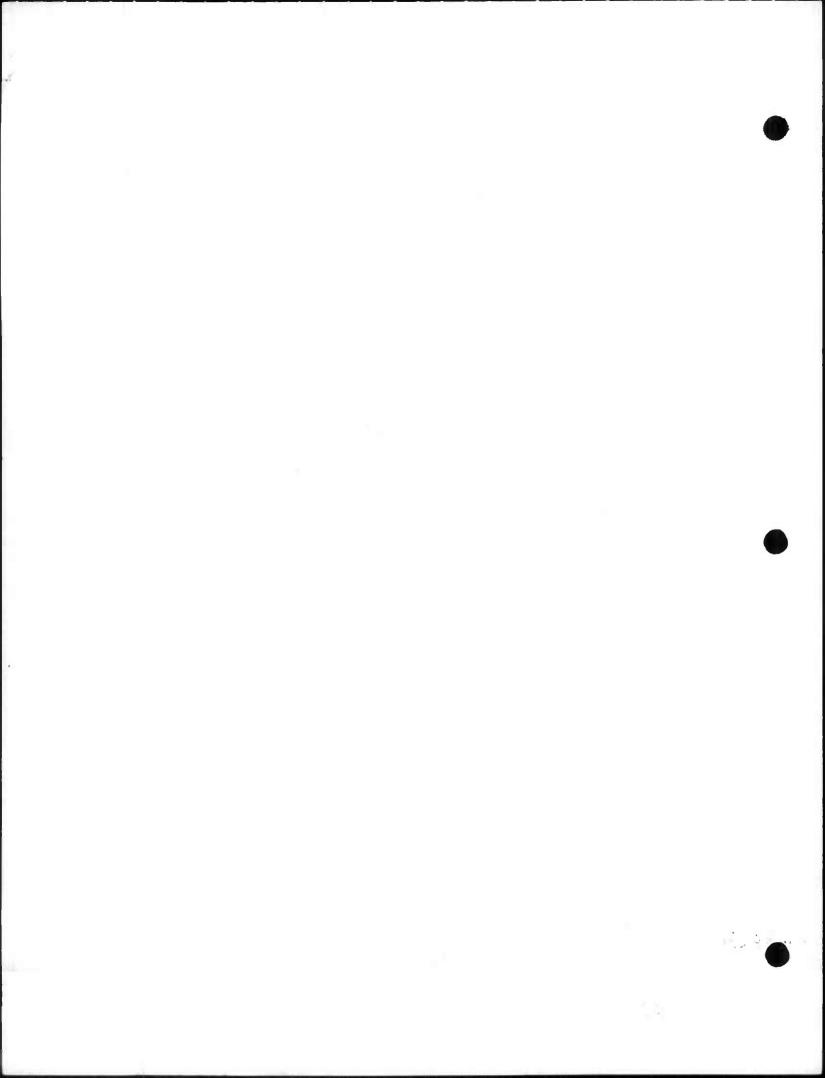
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR					MENT	AL HYGIEN		J	11192
- 1	1. DECEDENT'S NAME (First, Middle, Lest) MARUON	A. H	illi	AND						TE OF DEATH		43	3. TIME OF DEATH 0.30 AM
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	(Me	TE OF BIRTH	- 11		IPLACE (State or Foreign
1	213-38-7480	1 🗆 M 2 💢 F	52	YRS.					3-	1-1941		Ma:	ryland
Œ	Sa. FACILITY NAME (If not institution, give st		יו פאר	TAI	96. CITY, T						9c. COU	NTY OF E	DEATH
CTO	RESIDENCE OF DECEDENT	(7)10 //	0317			заті	C1MO:	re C	ıty			-	
IRE	10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN OR								10d. INSIDE CITY LIMITS?
L D	Maryland Balt	cimore			Pho	en:	LX ZIP COD						1 TES 2XX NO
FUNERAL DIRECTOR	19 Glen Alpine Ro	1.				101.		131				JSA	WHAT COUNTRY?
NO.	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN	U.S, ARMED	13, WA	S DECI	ENDENT (OF HISPAN	IC ORK	GIN? (Specify Yes		14. RACI	E — American Indian,
BYF	1 Never Married 2XXMarried 3 Wildowed 4 Divorced	FORCES?						rı, Mexica Specify		to Rican, etc.)		Spec	white, etc.
	15. DECEDENT'S EDUC	CATION	Τ,	16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUS				2440					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5			work done dur			ng		IOD. KIND OF BUS	NNE39/INI	JUSTRY	
MPL	12th Grade			House	ewife				1	Homer	makir	ng	
O	17. FATHER'S NAME (First, Middle, Last)									t, Middle, Maiden	,		
BE	Roland Volz 19s. INFORMANT'S NAME (Type/Print)								_	Deiger			
9	DOWN THE RESERVE TO THE PARTY OF THE PARTY O									ville,			3
	Gregory Mace		20b. P	LACEANDDATE	OF DISPOSITI	ON /Na	me of		0	ATE 20c.100	CATION -	City or To	nero Stela
	1 Burlet 2 Cremation 3 Removel from State Gemelery, crematory or other (Specify) Gardens of Faith Cem. 4/24/93 Baltimore, Maryl									ryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	Machine LASSAHN FIL. 7401 BELAK R									KP			
												Approximata	
	IMMEDIATE CAUSE (Final	-	VAL 25,000										interval Between Onset and Death
	disease or condition resulting in death)		MU	ionesi	PIRAT	0	4	A14	SE1	T			
-		A	SPIN	ATION	JPA	SE	I) N	D.	ii Z	7			
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A C	CONSEQUENCE O	F):								
CA	cause. Enter UNDERLYING CAUSE (Diseese or injury		END STAGE NEWAL DISEASE										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO	FOCAL GLO MERW WSCUE					110	70	cic			
S		1											
Ä	PART II. Other significant condition				in the unde	eriying	cause	given in	Part i.	24a. WAS AN PERFOR	AUTOPSY MED?	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
Dig	- FLUID C	MACH	3140						_	1 - YES 2	XNO		OF DEATH?
. ME									_				1 TYES 2 NO
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	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	otc. (Specify	- At home, term,	street, factory	y, office	,			OCATION (Street a ity or Town, State)	ind Number	or Rural I	Route Number,
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JMP	(Check only												e) and manner as stated.
ECC	296. SIGNATURE AND TITLE OF CERTIFIER	- 1	NO			1		ENSE NUM					(Month, Day, Year)
<u> </u>	Wis T-	Cym	1					231		0	•	412	2/1993
30. NAME AND ADDRESS OF PERSON WHO COM IL TEO CAUSE OF DEATH (ITEM 27) (Type, Print)												7.000	

Julia Sandson-Rando M

31. DATE FILED (Month, Day, Year)
APR 2 6 1993

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		1 - STATE STATE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle Last) ANYWWY J HYMAN Anthony J. Hyman Jr. 2. DATE OF DEATH MONTH DAY 938 129 129 129 129 120 120 120 120 120 120 120 120 120 120
	(8)	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1. FUNDER 1 YEAR 1. FUNDER 24 IRS. 7. DATE OF BIRTH 0. BIRTHPLACE (State or Foreign Country) 1. Country 1. Count
pinonia		9e. FACILITY NAME (If not institution, give street end number). 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH
1. 2, 3	CTOR	ST. JOSEPH HOSP 1620YOLICRD TOWSON MTD 2120Y BACT Baltimore
it. Pages	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO
nsit perm	FUNERAL	109. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 2808 Elliott Street 21224 UnitedStates
BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should noval. cal examiner must be notified at once.	BY	11. MARITAL STATUS 1
21215 al or attend for use as	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the On NOT use without
ND 2 hospital iched for	COMPLE	14 Business Owner Bindery
MARYLAND 21215-0 retained by the hospital or attending 5 should be detached for use as the notifiled at once.	BE CO	17. FATHER'S NAME (First, Middle, Last) Anthony J. Hyman Sr. 16. MOTHER'S NAME (First, Middle, Melden Surneme) Theresa Moran
MAR retained 5 should notified	TO B	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William A. Hyman 10508 Knox Avenue Matthews, N.C. 28105
BALTIMORE, er death. Page 6 may be the funeral director, page ral.		20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory or other place)
ALTIM death. Page tuneral dire		New Cathedral Cem. 2/26/93 Baltimore, Maryland 1. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21214
BAL rs after deat rby the fun removal.		Melton Knight Leonard J. Ruck, Inc. 5305 Harford Road
in 24 hours ely filled in thation, or res		Approximate interview as cardiac or reapiratory arrest, shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on As A conscouence of): Due to (on As A conscouence of):
P 0 5 8	z	- GODDPASTURES SYNDDDMF
DX be en crian a	CATIO	If any, leading to immediate cause. Enter UNDERLYING
P.O. th certific ending pl Hygiene or othe	CERTIFICATION	CAUSE (Disease or Injury that Initiated events reaulting in death) LAST
O 를 들 를	ا پ	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
AEC requires of Heal of Heal	: MEDICA	1 YES 2 NO OF DEATH? 1 YES 2 NO 1 YES 2 NO
VITAL I	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:
2	PHYSI	1 Vingetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
N N	B	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be (Month, Dey, Year) INJURY WORK? 1 YES 2 NO 28e. PLACE OF INJURY — At home, form, street, fectory, office 28f. LOCATION (Street and Number or Rural Route Number)
DIVISION OR ATTENDAS DIRECTOR AND Hours where the	ETED	4 Homicide determined building, etc. (Specify) City or Town, State)
로 국 다 =	COMPLET	29s. CERTIFIER (Chock only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.
TO THE HOSPIT TO THE FUNER be filed within 7	O BE	296. SIGNTATURE AND TITLE OF CERTIFIER 7. VA D 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year) D 13 140 D 4 -2 3 -93
(>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) REYNOLDODR JUELD ~ GOMEZ, M.D. ST. JOSEPH HOSPITAL
2		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE APR 2 6 1993 APR 2 5 1993
		and the second of the second o



HOSP IN THE MENTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	UNEW OBSIGN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place 1. 2. 3 should	within wheth with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	the manufact or them the fact between the school or school by manufact and the matter of the matter of the school
THE H	TO THE FL	be filed wi	INCOUNT

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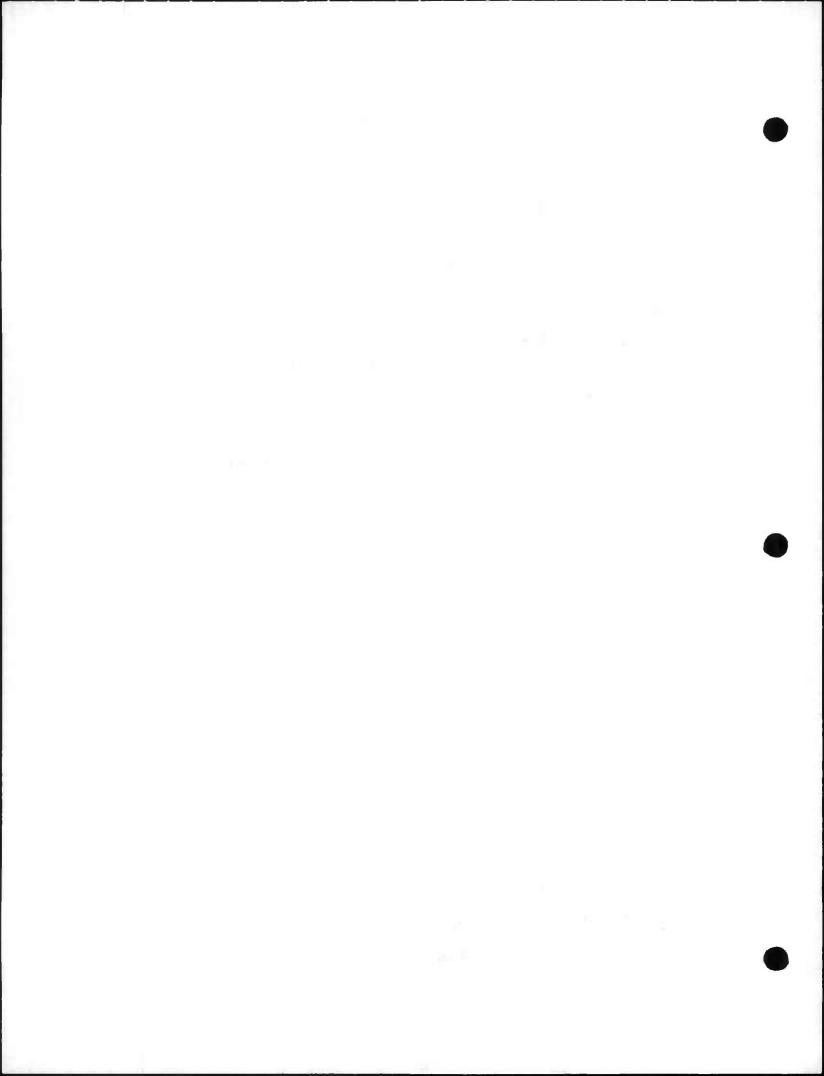
COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Suite 315

Osler Dr.

12 REGISTRAR'S SIGNATURE

												9	3	117	94
		1 - FOR STATE REGISTRAR	STATE OF	MARYL	AND / DEI	PARTMI	ENT OF	HEALTH DEA	AND I	MENTA	HYGIEN				
	- 1	1. DECEDENT'S NAME (First, Middle, Last) Roland Marion Hampe 2. Date of Death Month											YEAR	3. TIME OF	DEATH
- 1			M. HAMPE							4		3	93	8:40	A. M
		4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (/	In yrs. last birth	MCNO	NDER 1 YEAR	HOURS	R 24 HRS.		OF BIRTH		8. BIRTI Count	HPLACE (State	or Foreign
	_ 7	705-07-8884	1 M 2 F	89	YF	\$.		noon,	2	Nov.	8,19	03	Ma	ryland	
- 1	~	9a. FACILITY NAME (If not institution, g				9b.	CITY, TOWN	OR LOCAT	ION OF DE	EATH		9c. COL	INTY OF C	DEATH	
	CTOR	Holly Hill Ma	nor			I	owson					Bal-	timo	re	
	EC	10a. STATE 10b. CO			10c.	CITY, TO	WN OR LOCA	ATION						10d. INSIDE	CITY
	DIREC	Maryland Ba	altimore			Park	ville	2						LIMITS	7
	ERAL	3 Overpark C	Court					2123	4			U.S	. A.		
	FUN	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN	U.S. ARMEO		13. WAS DE	CENDENT (OF HISPAN	HC ORIGIN	? (Specify Ye	s or No-	14. RAC	E — American	Indian,
	ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? IF YES, GIVE	WAR OR DA	TES YNO			pecify Cubi			lican, etc.)		Spec		
														White	
- 1	E	15. DECEDENT'S (Specify only highest g	rade completed)		16e. DECEDEI (Give kind	T'S USUA	L OCCUPATI lone during m ed.)	ION lost of worki	ing	16b.	KIND OF BU	SINESS/IN	DUSTRY		
	2	Elementary/Secondary (0-12) 12 yrs.	College (1-4 or 5									. 19			
nce.	COMPLETED	12 YIS. 17. FATHER'S NAME (First, Middle, Last	2 yrs.		Asst.	rrei	ght T	_	_		r We		n Md	. Rail	way
at o	E C	John Marion	Hampe								ROCHE, MILICION				
e led	0	19a. INFORMANT'S NAME (Type/Print)	nampe		19b. MAI	JNG ADD	RESS (Street		lore		er City or Tou	Lehr			
200	2	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) R. Norman Hampe Same as #10													
8		20a, METHOD OF DISPOSITION		20b.	PLACEANDD					OATI	20c. LC	CATION -	City or To	own. State	
BUS	1	1 N Burlei 2 Cremation 3 I I	Removal from State	ceme	etery, cremetory	or other pl	ace)		m 4/2					Maryla	Бa
or other traumatic event, the medical examiner must be notified at once.	- 1	21. SIGNATURE OF FUNERAL SERVICE	COCENSEE	/			22. NAME A				Dur	CIMO	10, 1	rar y ra	iid
E		1		Ruck Towson Fune						uner	al Hor	ne. I	Inc.		
100		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate											vlmete		
med		snock, or neart failure. List only/one cause of each line.											al Between		
흥		disease or condition resulting in death a Coronary Artery Disease													
JE I		disease or condition resulting in death) a. Coronary Atem Visease Due to (or as a consequence (or):												uly	
9	z														
E	2	Sequentielly list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
r tra	3	CAUSE (Disease or Injury	с												
othe	ERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
		resulting in death) LAST													
any injury,	L C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
-	MEDICAL								D 10.		PERFO			AVAILABLE P	
88										_	1 TES 2	. NO		OF DEATH?	/ NO
훘										-				1 TES 2	U NO
m 23	SICIAN	25. WAS CASE REFERRED TO MEDICA	L L			-	26. P	LACE OF C	DEATH (Chi	ock only on	9)				
or item 23 shows	SIC	1 Tes 2 No	HOSPITAL: 1 Inpatient 2	ER/Outpe	ntlent 3 🗆 DO		HER: Nursing Hor	me 5 🗆 R	esidence	8 🗆 Other	(Specify)				
å,	PHY	27. MANNER OF GEATH	28s. OATE O	F INJURY Day, Ybar)	26b.	TIME OF	28c. IN	JURY AT			CRIBE HOW I	NJURY OC	CUREO		-
marked,	Β¥	1 Natural 5 Pending 2 Accident Investigati				1		YES 2	□ NO						
=	0	3 Suicide 8 Could not	building	OF INJURY	— At home, fa	rm, street,	factory, offic	Ca		281. LOCA	ATION (Street or Town, State)	and Numbe	r or Rural i	Floute Number,	
萬	E	4 Homicide determine								,					
9	P		HYSICIAN: To the best of												
Į.	COMPL	one) 2 MEDICAL EXAM	MINER: On the basis of	xamination	and/or Investi	pation, in	my opinion,	death occu	red at the	tima, date	and place, ar	nd due to t	he cause(s	a) and manner	an stated.
IMPORTANT	ш	196. SIGNATURE AND TITLE OF CERT	FER						ENSE NUN					(Month, Day,	
MP	0 8	- Tan XI	Jus.					1 3	-17	041		12	23A	PR93	
	ΕŢ	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEA	TH (ITEM 27)	Time Print									



use as the burial-transit permit. Pages 1, 2, 3 should hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 JQ. detached by the funeral director, page 5 should be removal. filled in ю and completely filled to burial, cremation, THE PHYSICIAN: The law requires that the death certificate be executed within ON OF VITAL RECORDS, P.O. BOX 68760, 9 the attending physician Mental Hygiene prior to Ane this certificate has been signed by t death with the State Dept. of Health and s marked, or item 23 shows any in

न्न notified be must examiner medical the event. traumatic other 10

9.9

Claude Frazier, D.O. 9000 Frank

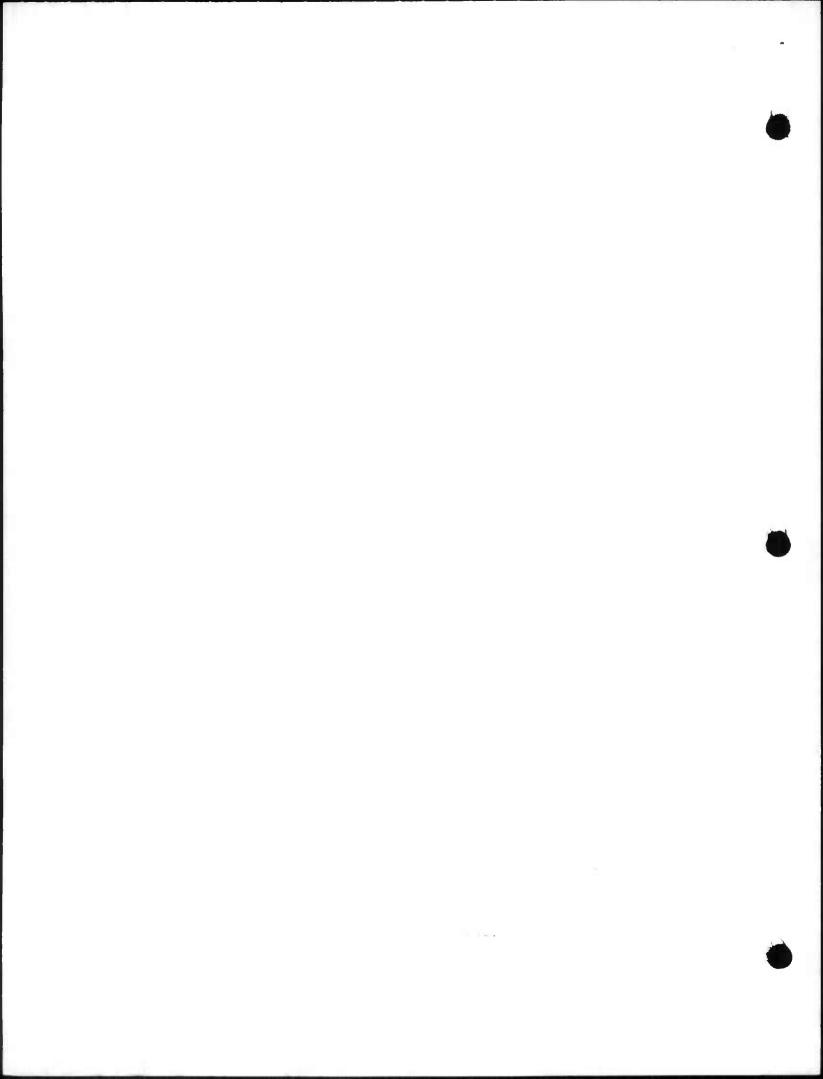
hours after of them 28 is DR ATTE

HOSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF GEATH YEAR HRADSKY 1993 April 11:25 p™ Joseph 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 2-11-07 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF INIDER 24 HRS 219-10-9001 1) M 2 | F 86 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital DIRECTOR Rossville Baltimore County RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Rosedale 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 1236 Kahler Ave. 21237 USA WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noff yea, specify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. BACE — American Indian, Black, Whita, etc., Specify: White 1 Never Married 2 Married
3 Widowed 4 Divorced If yea, specify Cuben, Maxican, Puerto Ri 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY Specify: COMPLETED 15. OECEDENT'S EDUCATION pecify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Spe dary (0-12) College (1-4 or 5+) 6 Restaurant Owner Maple Inn 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Hradsky Ann Valis BE 19a. INFORMANT'S NAME (Type/Print)
Joseph S. Hradsky 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
13201 Choptank Rd. Baltimore, MD 21220 ဥ 20a. METHOD OF DISPOSITION
1XI Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION — City or Town, Stata DATE Gardens of Faith 4-26-93 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cvach/Rosedale Funeral Home 1211 Chesaco Ave. 23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such sa cardisc or respiratory screat, shock, or haart failure. List only one cause or each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Respiratory Failure resulting in death) DUE TO (DR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Possible Pneumonia AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO Pancytopenia 1 YES 2 NO PHYSICIAN: Cervical Myelopathy with quadraparesis 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 NO 1 7 Inpetient 2 - ER/Outpetient 3 - DOA 4 ☐ Nursing Home 5 ☐ Rasidence 8 ☐ Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner ea stated. TO THE HOSPITAL
TO THE FUNERAL I
DE filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITALE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4/25/93 ranz 5 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive, Baltimore, Maryland 21237



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERT		OF DEATH	REG. N	IO. (
	1. DECEDENT'S NAME (First, Middle, Last)			LAKOU		2. DATE OF DEATH MONTH	DAY	YEAR 13. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-09-6526	5. SEX	8. AGE (In yrs. last birth	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Morth, Pay, Year)	112 6	BIRTHPLACE (State or Foreign Country)
8	9a. FACILITY NAME (If not institution, give st CHURCH HOSPITA		00		WN OR LOCATION OF D		9c. COUNTY	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c	CITY, TOWN OR L	CIMORE CI	TTY		10d. INSIDE CITY
	MD			BALTO				LIMITS?
FUNERAL	100 N BON.	D ST	7.		2/20	5	1	N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ADMED YES 2 NO WAR OR DATES	If ye	s, specify Cuben, Mexico YES 2 NO Specif	an, Puerto Rican, etc.)		Black, White, etc. Specify:
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	(Give kind	NT'S USUAL OCCU d of work done durin OT use retired.)			URAN	STRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) JOHN BIELA	mowl		W /	18. MOTHER'S NA	AME (First, Middle, Maid		
10	19a. INFORMANT'S NAME (Type/Print) ANGELA D	ABKO	25K1 3	DIO F	AWN W		own, State, Zip Co	ode)
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND Or cemetery, crematory		N (Name of	111 -	LOCATION — CIT	y or Town, Stata 10 2 /224
	21. SIGNATURE OF FUNERAL SERVICE LIC	L. M	The	22. NAN	NE AND ADORESS OF FA	SEBER F	:4.	,
CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE 76	OR AS A CONSEQUENCE OR AS A C	eleti	a foot	uleen		Onset and
DICAL	PART II. Other significent conditions	i	deeth but not resulti	ng in the under	iying cause given in	Pert I. 24e. WAS A PERF	AN AUTOPSY ORMED? 2 :NO	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 UYES 2 NO
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPMAL:		OTHER:	6. PLACE OF DEATH (Ch	neck only one)		
	1 VES 2 NO 27. MANNED OF OEATH 1 Netural 5 Pending Investigation	26a. DATE OF (Month, D		TIME OF 280	Home 5 Realdence Home 5 Realdence NUTRY AT WORK? YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE HOW	V INJURY OCCUP	REO
TED BY	2 Accident Investigation 3 Suicide S Could not be determined	26e. PLACE O building,	F INJURY — At home, far atc. (Specify)			26f. LOCATION (Street City or Town, State	et and Number or	Rural Route Number,
COMPLETED			my knowledge, death oc amination and/or investi					ause(a) and menner as stat
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	FAY	20 /	nn.	29c. LICENSE NUI	MBER 123		IGNEO (Month, Day, Year) 4-26-93
	F	ADY	TAY.	AV)	CH	H		
	APR 26 1993	32 REGISTRA	r's signature Modon—Randell					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MAR		TMENT OF H		MENTAL HYGI REG. I		
	1. DECEDENT'S NAME (First, Middle, Lest) ETHEL	BEATRI	CE	KESTI	NG	2. DATE OF DEATH MONTH April		3. TIME OF DEATH 993 3: 23 P. M
	4. SOCIAL SECURITY NUMBER 217-24-5669	5. SEX 6. A	GE (In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year August	7)	BIRTHPLACE (State or Foreign Country) Maryland
OR	99. FACILITY NAME (If not institution, give s Dulaney-Towson N		er	эь. Сту, тоwn с Tows	OR LOCATION OF DE	EATH 3		of DEATH
DIRECTOR		timore	10c. CIT	y, town or loca Gaywoo		ers Forg		10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER 224 Gaywood	Road		10	ZIP CODE 21.2	12	110000000000000000000000000000000000000	N OF WHAT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Merried 3 Midowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2/2 NO Specifi	NIC ORIGIN? (Specify in, Puerto Rican, etc. y:	Yes or No— 14	Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of tille. Do NOT ut	USUAL OCCUPATION Work done during mose retired.) Cretary		16b. KIND OF	BUSINESS/INDUS	
Ŏ.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Mai		
BE	Martin Kesting					garet El		
2	19a. INFORMANT'S NAME (Type/Print) Thomas Norris					Route Number, City or LMOre, Ma		
	20a. METHOD OF DISPOSITION 1	ovel from State	20b. PLACE AND DAT of cemetary, crematory Parkwood	E OF DISPOSITION	(Name	DATE 20c	LOCATION — CIT	
	OF CHANGE OF THE DAY CENTURE IN	, Lenan		22. NAME A	ND ADDRESS OF FA		York Rd	i. Balto. MD 21212
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ODE TO (OR ASC.	AS A CONSEQUENCE OF	.,,	dure Congest	we har	t-failu	Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	ons contributing to deat	th but not resulting	In the underlyin	g cause given in	PER	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	heck only one)		
PHYSIC	1 VES 2 NO 27. MANNER OF DEATH 1 Retural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/ 28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIR	AE OF 28c. IN.	URY AT DRK?	6 Other (Specify) 28d. DE\$CRIBE H		RED
TED BY	2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, atc. (IURY — At home, farm, (Specify)		YES 2 NO	261. LOCATION (St City or Town, S	reet and Number or State)	Rural Route Number,
COMPLETED	conoch dray	ICIAN: To the best of my k						l. cause(s) and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	FTORF A	Elles.	4	29c. LICENSE NU 29c. 207		29d. DATE 5	SIGNED (Month) Day, Year)
	30. NAME AND ADDRESS OF PERSON IN	HO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	s, Print)				
	APR 2 1000	P. REGISTINAS'S	signature de 12					

BALTIMORE, MARYLAND 21203-3146	Accounts after death. Page 6 may be retained by the hospital or attending physician by filled in by the funeral director, page 5 should be detached for use as the bunial-timation, or removal. the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whe. A substrain death. Page 6 may be retained by the hospital or attending physician TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

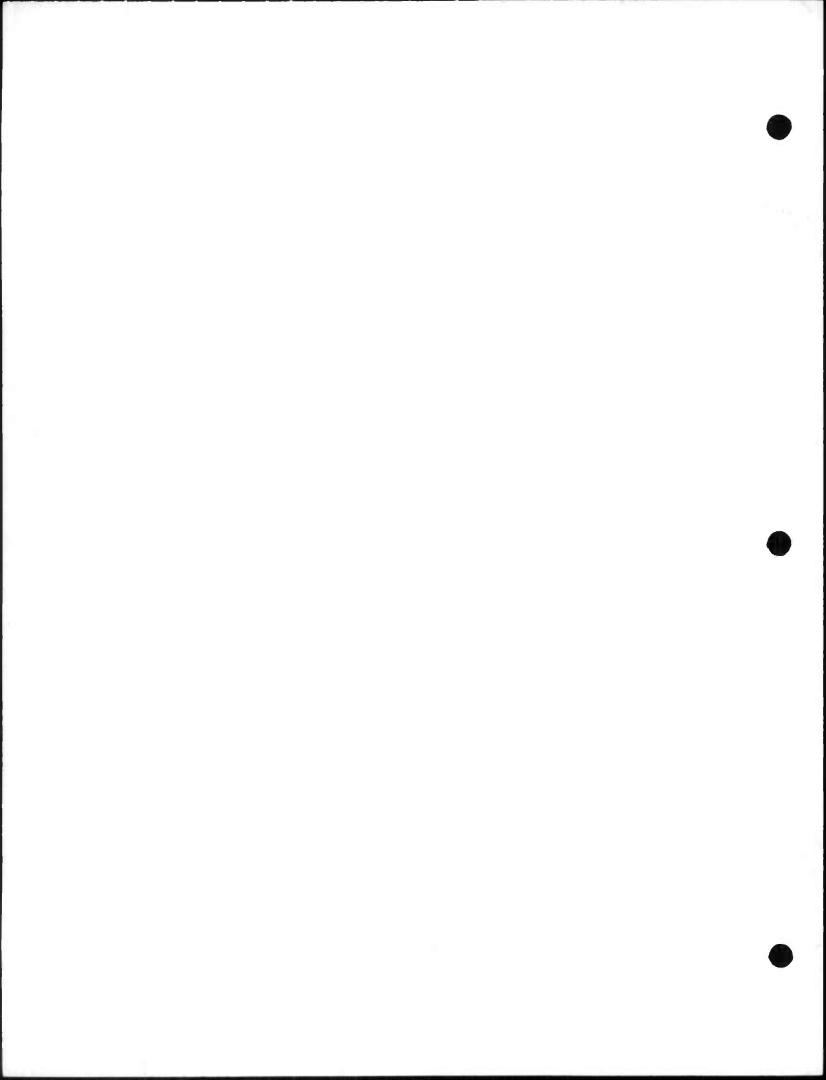
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAN		ATE OF DEATH	MENIAI	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)	KRO	LCZV	K	2. DATE	OF DEATH	93	3. TIME OF DEATH A
0.0 0	SEX 6. AGE (In y)		UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.		OF BIRTH	97 8. BI	RTHPLACE (State or Foreign untry)
9a. FACILITY NAME (If not institution, give street 55/2 KNB/ RESIDENCE OF DECEDENT	L AVE .	96.	BALTS.	EATH		9c. COUNTY O	F DEATH
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY LIMITS2 1 VES 2 NO
100. STREET AND NUMBER 5512 KNEU	AUE.		101. ZIP CODE 2/206			10g. CITIZEN C	S'A,
11. MARITAL STATUS 12 1 Never Married 2 Married 3 Midowed 4 Divorced	. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 PNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Monto 1 YES 2 HAN Speci	an, Puerto I		8	ACE — American Indian, llack, Whita, etc.
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	ON 16 16 16 16 16 16 16 1	Give kind of work	done during most of working	16b	KIND OF BUSH	NESS/INDUSTR	Ŷ
17. FATHER'S NAME (First, Middle, Last)	vowski	11000	18. MOTHER'S N.	AME (First)	Middle, Melden St	urname)	
199. INFORMANT'S NAME (Type/Pilnt) ADAM KANE		196. MAILING AD	DRESS (Street and Number or Rural KNEU AVE	Route Num	ber, City or Yown, BALTO	State, Zip Code	21206
20s. METHOD OF DISPOSITION 1 Decriping 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	her place)	SLAUS CEM	r	20c. LOC	ATION City o	r Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENS	Skul	26.	22. NAME AND ADDRESS OF F	ACILITY	Knone	37/	8 HUDSBUST
			TO MY MILL	-0/	1777-177	JA	0 4000000
23. PART i. Enter the disesses, or com shock, or heart fellule. Liet	plications that caused the	ns death. Do not	enter the mode of dying, au	ch aa can	disc or respire		Approximats
ahock, or heart feliure. Liet IMMEDIATE CAUSE (Final	plications that caused the tonly one cause on sach	ns denth. Do not	enter the mode of dying, au	ch as care	disc or respire		
ahock, or heart feliure. List	ASCV	h life.	enter the mode of dying, au	ch aa can	disc or respire		Approximats interval Between
ahock, or heart feliurs. List IMMEDIATE CAUSE (Final disease or condition	plications that caused it tonly one cause on sach	h life.	enter the mode of dying, au	ch as care	disc or respira		Approximats interval Between
ahock, or heart felicife. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death) a Sequentially list conditions,	ASCV	DISEQUENCE OF):	enter the mode of dying, au	ch aa can	disc or respire		Approximats interval Between
ahock, or heart feliule. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING	DUE TO (OR AS A CO	DISEQUENCE OF):	enter the mode of dying, au	ch aa card	disc or respire		Approximats interval Between
ahock, or heart felicife. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats	DUE TO (OR AS A CO	ONSEQUENCE OF):	enter the mode of dying, au	ch sa card	disc or respira		Approximats interval Between
shock, or heart felicife. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF):			24a. WAS AN A PERFORN	WTOPSY MED?	Approximats interval Between
shock, or heart fellule. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF):			24a. WAS AN A	WTOPSY MED?	Approximats interval Between Onset and Dath 4 4 5 4 4 5 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
ahock, or heart feliture. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF):		n Part I.	24e. WAS AN A PERFORM 1 VES 2	WTOPSY MED?	Approximats Interval Between Onset and Death 4 yrs 4 yrs 24b. WERE AUTOPSY FINDINGS AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ahock, or heart fellule. Lief IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of EXAMINER?	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): not resulting in t	hs underlying causs given in 25. PLACE OF DEATH (C	n Part I.	24e. WAS AN A PERFORM 1 YES 2 Y	WTOPSY MED?	Approximats Interval Between Onset and Death 4 yrs 4 yrs 24b. WERE AUTOPSY FINDINGS AMARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit permation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND N	IENTAL HYGIEN		
9	1. DECEDENT'S NAME (First, Middle, Last)	Vernice C.				2. DATE OF DEATH	AY YE	3. TIME OF DEATH
				UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	229-20-8768 19a. FACILITY NAME (If not institution, give stree	□M2 [XF] 66	YRS.	THS DAYS	HOURS MIN.	(Month, Day, Year) 12-25-19	926	V a
Œ			96.		OR LOCATION OF DEA		9c. COUNTY	OF DEATH
DIRECTOR	8809 Maple Br	rook Road		Randa	llstown			
RE	10a, STATE 10b, COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY
					lstown			1 YES 2 NO
RAI	10e. STREET AND NUMBER	Dand			ZIP CODE		109. CITIZEN	OF WHAT COUNTRY?
FUNERAL	8809 Maple Brook	KOAO 2. WAS DECEDENT EVER IN U.S	ADMED		21133			
	1 Never Married 2 🕅 Married	FORCES? 1 YES 2	XX(0	it yes, spe	ecify Cuban, Maxican			RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	W 123, GIVE WAR ON DAIES		I 🗌 YES	2 NO Specify:		1 '	Specify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION 16a mpleted)	Give kind of work	AL OCCUPATIO	ON at at working	16b. KIND OF BU	SINESS/INDUST	RY
LE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	red.)	or or working			
MP		1 Year						
	17. FATHER'S NAME (First, Middle, Last) Ira Samuel Grime	26				E (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)	= 5	195 MAILING ADD	DESC /Street o		Campbell outs Number, City or Tow	A	
5	Marilyn King				rook Road			o, Md 21133
	20e, METHOD OF DISPOSITION	20b. PLA	CEANDDATEOFDE	SPOSITION (Na	me of	OATE 20c. LO		
	1 A Donation 5 □ Other (Specify)	cemetesy	arrison"	Forest	Vet	42793 Ow		
	21. SIGNATURE OF FUNERAL SERVICE LICEN		/		D ADDRESS OF FACE			
	Salu	Mary	h	4300	O Wabasi	nest 1 Avenue		
	23. PART I. Enter the diseases, or con	nplications that caused the	death. Do not e				iratory arreat,	Approximata
	ahock, or heart fallure. Lis IMMEDIATE CAUSE (Finel							Interval Between Onset and Death
	disease or condition	DUE TO (OR AS A CON	edec	Q _3	Mean	Les	-	
		DUE TO (OR AS A CON	NSEQUENCE OF):	0			-	
ON I	Sequentially list conditions, b.	DUE TO (OR AS A CON		Car	-			
SA	If any, leading to immediata cause. Enter UNDERLYING		,					İ
Ē	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A COM	SEQUENCE OF):					
CERTIFICATION	resulting in death) LAST							
AL C	PART II. Other algnificent conditions of	contributing to deeth but n	ot resulting in th	e underlying	ceuse given in P	art I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
20	Chouse Co	ors Ulsa	re			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC								OF OEATH?
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S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	l or	26. PL HER:	ACE OF DEATH (Chec	k only one)		
IYS	1 VES 2 NO 1	☐ Inpatient 2 ☐ ER/Outpatien	1 3 DOA 4 D	Nursing Home	5 Rasidenca 6	Cher (Specify)		
	1 C Nertural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	RK?	28d. DESCRIBE HOW II	NJURY OCCURE	D
BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY A	I home farm street		ES 2 NO	TOTAL TOTAL (Commercial Commercial and Alice Access 17		
	4 Homicide 6 Could not be	building, etc. (Specify)	Trome, term, erreer	, ractory, orrica		28f. LOCATION (Street a City or Town, State)	ind Number or Hi	urai Houte Number,
COMPLETED	29a. CERTIFIER 1 DERTIFYING PHYSICIA	N: To the best of my knowledge	doub	the description	and along			
ME		On the basis of examination and						use(s) and manner as eteted
				1	29g. LICENSE NUMB			
117 11	29b. SIGNATURE AND TITLE OF CERTIFIER					Phot 1		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	~~~		ĺ	17/10	4	•	NED (Month, Day, Year)
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print	,	DILA	4		
	Met Bleco	OMPLETED CAUSE OF DEATH (TITEM 27) (Type, Print		DIIA	4	>	



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6, P.O. BOX 68760	ATTENDING PHYSICIAN: The law requires that the death certificate he evented within
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	er death. Page 6 may be retai	ned by the hospital or	attending physician.	
ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 sh val.	ould be detached for	use as the burial-transit permit. Pages 1, 2, 3 should	
n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l examiner must be notif	led at once.		
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	01	BE COMPLE	TO BE COMPLETED BY FUNERAL DIRECTOR	
Self cas CJ th re	17. 194 1 [4 [21. 23. W di	17.	9e 10 11. 1 3	4

_	* REGISTRAR				CERTIF	ICATE	E OF	DEAT	Н	F	REG. NO.			
		Kluc	zynski							2. DATE OF MONTH	DA		YEAR	3. TIME OF OEATN
	4. SOCIAL SECURITY NUMBER 218-09-913	37	5. SEX 1 🖾 M 2 🗌 F	8. AGE (In yrs	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	MIN.	7. DATE OF (Month, De Dec. 1	ey, Year)	08	Count	PLACE (State or Foreign ry) Maryland
		Vince	nt Road			9b. CITY		on Location Thite		ATH		9c. COU	NTY OF D	
- 1	RESIDENCE OF DEC													
	Md .	10b. COUNT	Baltimor	e	10c. CIT	Y, TOWN C		Whit	e Ma	arsh				10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10403 Vi	ncent	Road				10	1. ZIP CODE	162			10g. CITI	US	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 I I 3 Wildowed 4 Divon	cod	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	YES 2	□ NO	1 1	If yes, sp	ecify Cuben,		C ORIGIN? (S , Puerto Rica		or No—	14. RACI Blac Spec	E — American Indian, k, Whila, atc. #y: White
		DENT'S EDU highest grade			Give kind of a life. Do NOT us Self	work done (se retired.)	during mo	ost of working		16b. KII	Bake		DUSTRY	
1	17. FATHER'S NAME (First, Mic	ddle. Lest)			_			10 MOTHE	D'C NAM	E (First, Midd	No. 0.0-2-4			
	Anthony 19a. INFORMANT'S NAME (7)		zynski					A	nnet	tte P	ech	ocki		
	MArie Engl	e			196. MAILING 1040	3 Voi	ncen	it Roa	r Aural Ac id Wh	oute Number,	City or Town Irsh	Md.	2116	2
	20a, METNOD OF DISPOSITIO 1	n 3 🗆 Rem (Specify)	ACCORD STREET		SCANDDATE				4/2	26/93	20c. LOC Ba1	t imoi		
	21. SIGNATURE OF FUNERAL	My 1	unela	lk	tono		Conn	_	uner	alHom				. 21221
	23-PART I. Enter the disabock, or he IMMEDIATE CAUSE (Fine disease or condition resulting in death)	art Tailura.	a. Ce	e bru	VASCU	lar					process,			Approximate interval Batween Onset and Daath
	Sequentially list condition if any, leading to immedicause. Enter UNDERLYING CAUSE (Disease or Injurithat Initiated events resulting in death) LAST	Hate NG Ty	c		ISEQUENCE OF									
1			u											-
	Semle Diabe	2 1)	ements Mellit	a.	ot resulting	in the un	deriyin	g ceusa gir	ven in P		PERFOR	WED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER	R:	ACE OF DEA		1		1		
	1 YES 2 NO		1 - Inpatient 2 -		t 3 🗆 DOA	4 🗆 Nuri	ing Hom	e 5 🗆 Rasi	dence 6	Other (Sc	pecity) F	forme	2	
	27. MANNER OF DEATN Netural 5 P Accident In	ending	26a. DATE OF (Month, Da		26b. TIM INJ	E OF URY M		URY AT IRK? YES 2		28d. DESCRI	BE HOW IN	JURY OCC	CURED	
+		Could not be atarmined	26a. PLACE Of building, o	INJURY — A rtc. (Specify)	t home, farm, s	street, fact	ory, affic	•		281, LOCATIO City or To	N (Street ai wn, State)	nd Number	or Rural F	loute Number,
			CIAN: To the best of ax) and manner as stated.
	29b. SIGNATURE AND TITLE (M·I).		29c. LICEN	- 17	992		29d. DATE	E SIGNED	(Month, pay, Year) 2493.
	30. NAME AND ADDRESS OF	TU!	COMPLETED CAUS	of DEATH (Taylor	Print) Av	em	ue	To	wson	m	d :	212	86.
	*APR 2 6 199	3 4	32 STECHSTRAF	- Aanda	10_									

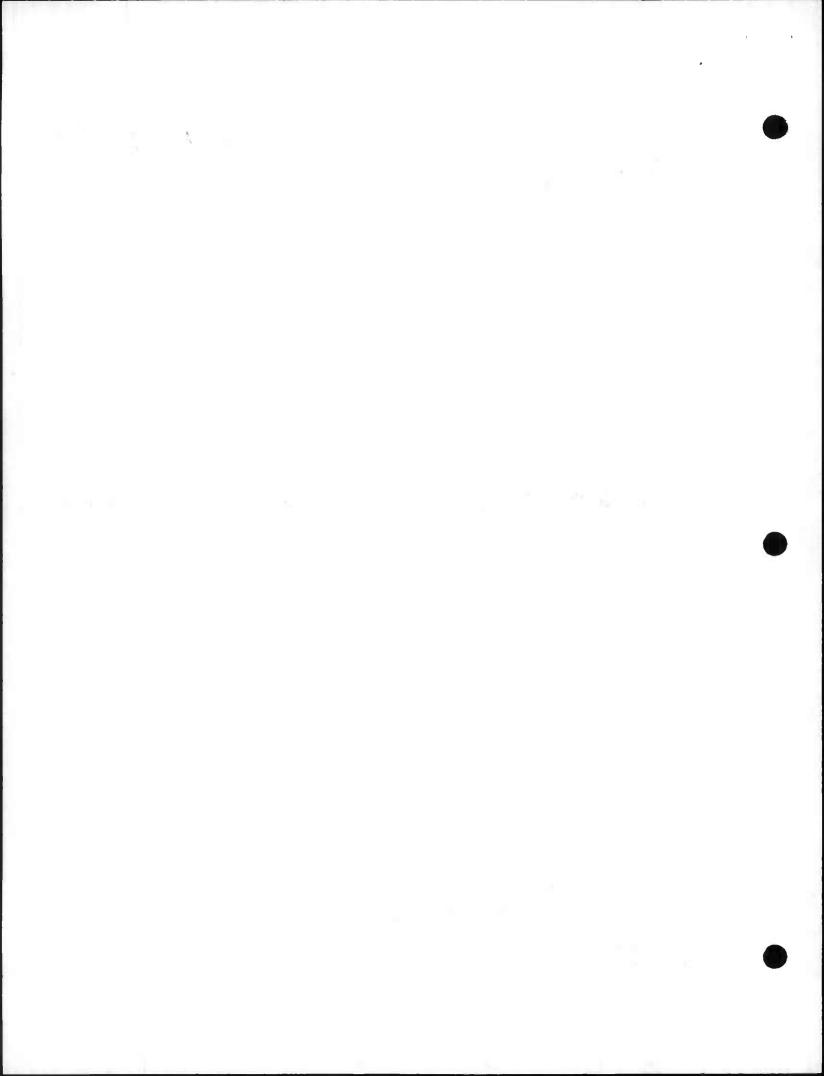
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH APPUS 20 04 943 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 2133446 1 1 1 2 F 6/12/06 Frankfort Germany use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Good Samaritan Hospital Baltimore Baltimore, Maryland 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 6515 Brook Avenue 21206 USA be retained by the hospital or attending physician. ge 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 VINO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Marri BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Shipping/Receiving Allied Metal Finishing Cord. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at George Kappus Sophie Klug BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 103 Emma Lane Wilfried Kappus 20636 Hollywood Md. 9 20a. METHOD OF DISPOSITION

1X Burial 2 Cremation 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must Parkwood Cem 4/24/93 4 Donation 5 Other (Specify) Baltimore, Maryland examiner 21. SIGNATIVE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY assahn Funeral Tome medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as Approximate shock, or heart failure. List only one ceuse on each line. **IMMEDIATE CAUSE (Finel Onset and Death** \$ disease or condition esmina event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 23 shows any 1 | YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) tem! EXAMINER? HOSPITAL:
1 | Impatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 10 NO 4 - Nursing H e 5 🗆 Residence 8 🗆 Other (Specify) 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 60 3 Suicide 281. LOCATION (Street and Number or Flurel Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 28 Hem DIRE 1 CERTIFYINO PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE HOSPITAL THE FUNERAL I IMPORTANT: If 2 ___ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SHOWATURE AND FITLE OF CERTIFIER 29d. DATE SIGNED (M BE 29c. LICENSE NUMBER Abn 1923 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. 191 Han 0 31. DATE FILED (Month, Day, APR 26

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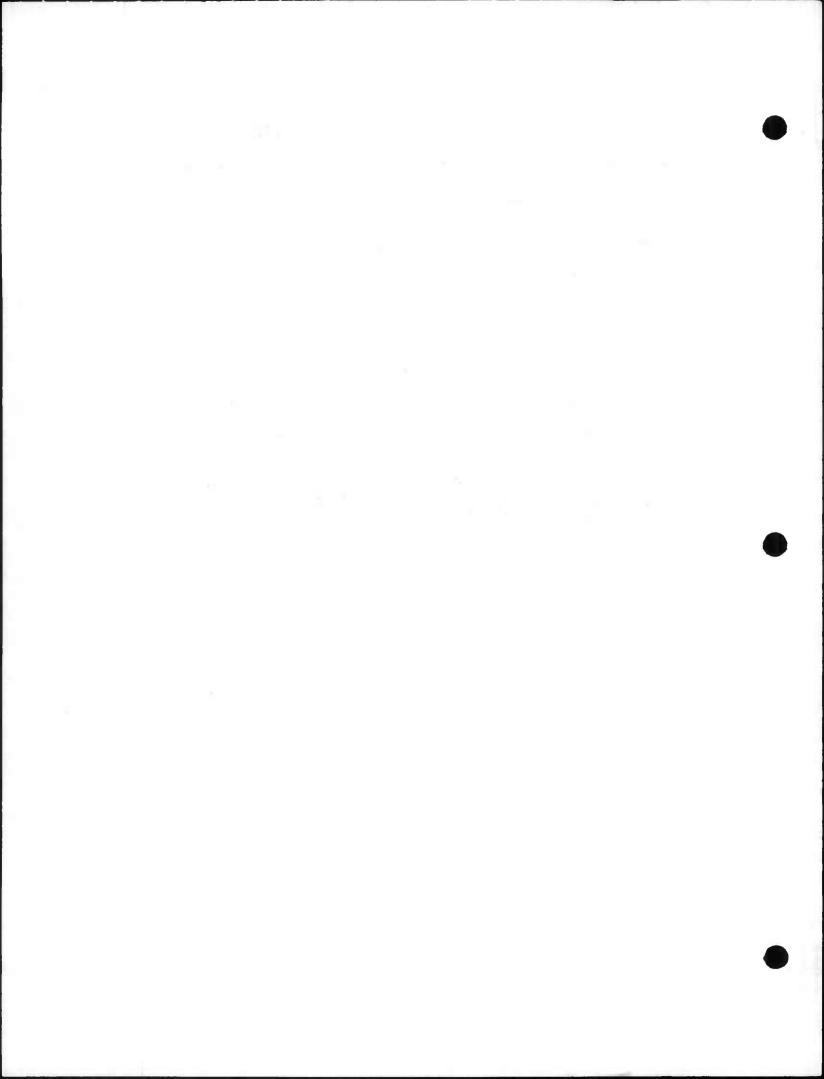
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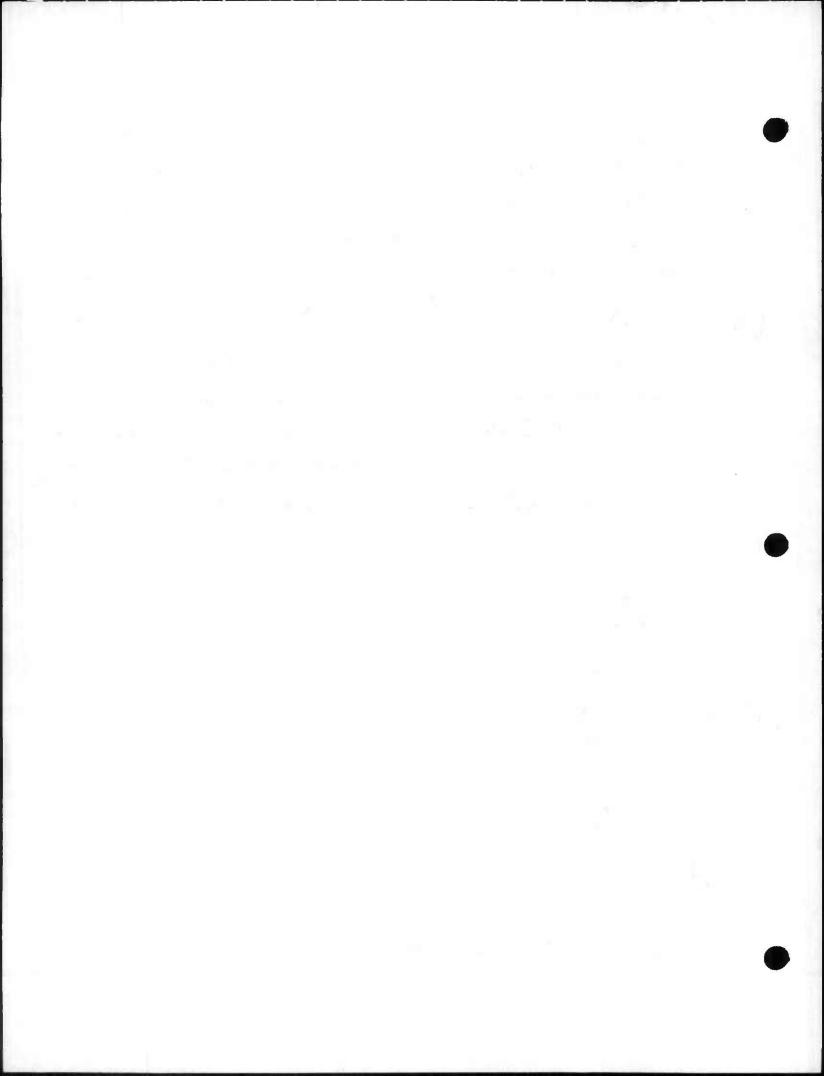
93

	1. DECEDENT'S NAME (First, Middle, Last) MARIA LAN				ca			2. DATE OF DEATH APPRIL 20 PAY 1993		YEAR	3. TIME OF DEATH 10:30		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In v	yrs. last birthday)	IF UNDER 1	VEAD	IF UNDER		7. DATE C	4111			
	217 56 5265	1 M 2 M F	61		MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Ybar)		Country	_
	9a. FACILITY NAME (If not institution, give	re street and number)			9h CITY	TOWN O	R LOCATIO	N OE DE		6-193		CZEC	heslovak
DIRECTOR	THE JOHNS HOPK		ΓAL				ORE C		Ain				E CITY
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COU	NTY		10c. CI	TY, TOWN OF	R LOCATI	ION						10d. INSIDE CITY
	Maryland	Baltimore	count		undal								LIMITS?
	10e. STREET AND NUMBER	Darcamore	count	-y D	undai	-	ZIP CODE	9			10a CITI	ZEN OF W	HAT COUNTRY?
ER/	2120 Cameron D	rive	Ant	3-A				2122	2				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.	S. ARMED	13. W	AS DECE	ENDENT O	F HISPAN	IC ORIGIN?	(Specify Yea	or No-	14. RACE	- American Indian.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V			It	yes, spe	city Cubar 2 NO	, Maxicar	, Puerto Ri	can, etc.)		Black Specif	, White, atc.
ED	15. DECEDENT'S E (Specify only highest gri		16	Se. DECEDENT'S					16b.	KIND OF BUS	SINESS/IND	USTRY	7777
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+1	(Give kind of life. Do NOT u	work done du se retired.)	urin g m os	it of working	9					
4	12			Factory	y Work	ker	(Dis	able	ed)	Appl	iance	S	
Š	17. FATHER'S NAME (First, Middle, Last)								_	ddle, Maiden			
BE	Fredinand Kas	stl				l		Jose	phine	e Hal	ller		
0 B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street an				r, City or Town		Code)	
F	Kimberly Kastl			2120	Camer	on I	Drive	e, A	pt 3A	,Dund	alk.	MD 2	21222
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re	amount from State		ACE AND DATE	OF DISPOSIT				DATE		CATION —		
	4 Donation 6 Other (Specify)			ry, cremetory or o	other plece)								
	21 SONATURE OF FUNERAL SERVICE	LICENSEE RONAL	d Wad	le, Dir	22. N.	AME AN	D ADDRES	S OF FAC	HLITY	State	e Ana	tomy	Board
	(America)	11/1/20	11.	CONSTURE OF FUNERAL SERVICE LICENSEE ROITE d Wade, Dir 22. NAME AND ADDRESS OF FACILITY State 4/21/93 655W.BaltimoreSt,Balto,M									
	23. ART I. Enter the diseases, of abook, or heert feitur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Athe	t caused the	na death. Do n iline.	not anter t	he mod	a of dyle	ng, such	aa cardi	ac or reapl			Approximate Interval Bate Onset and D
RTIFICATION	IN IEDIATE CAUSE (Final	a. DUE TO DUE TO C.	t caused the see on each (OR AS A CO	na death. Do	not anter t	he mod	a of dyle	ng, such	aa cardi	ac or reapl			Interval Bath
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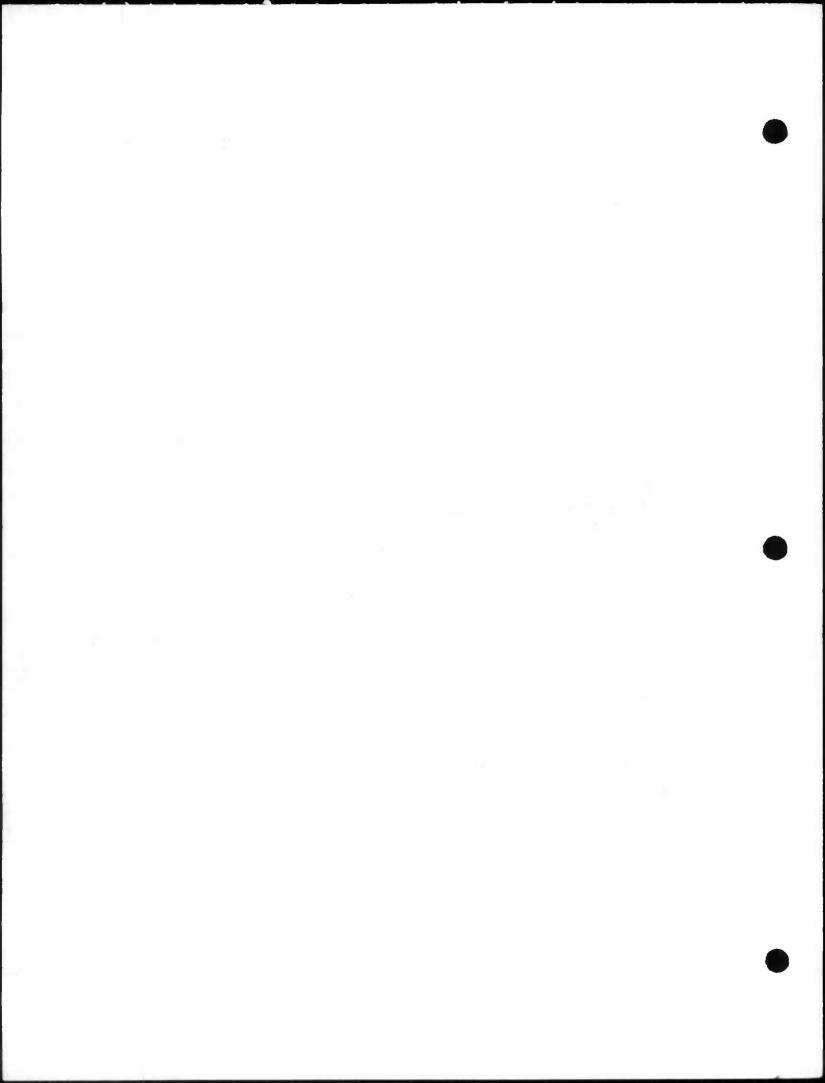
BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or periodical procision.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the livering pages is about the detected for the attending physician and completely filled in by the livering pages is
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be entained by the hospital or periodic proposition.	DIRECTOR: After this certificate has been signed by the attending physician and completely fi

		1. DECEDENT'S NAME (First, Middle, Last)	NE			2. DATE OF DEATH DA	18 4	3. TIME OF DEATH
19		212 2 411-	5. SEX 6. AGE (In yrs. les	YRS. IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) JUNE 2.		ATHPLACE (State or Foreign
2, 3 should	TOR R	9e. FACILITY NAME (If not institution, give stre	t Kley Mad Cat	an Ba	N OR LOCATION OF DE		9c. COUNTY OF	DEATH
permit. Pages 1,	DIRECTOR	10a, STATE 10b, COUNTY	0	BALTO	CATION			10d. INSIDE CITY LIMITS? 1 7 YES 2 NO
transit permit	FUNERAL	100. STREET AND NUMBER 410 S. DEAN	ST:	1 20,000	101. ZIP CODE 2/22C	L	10g. CITIZEN O	F WHAT COUNTRY?
	BY FUN		12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes,	DECENDENT OF HISPANI apocify Cuban, Mexican ES 2 NO Specify:	, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, atc.
W	ETED E	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted) (G	CEDENT'S USUAL OCCUP. ive kind of work done during . Do NOT use regired.)		166. KIND OF BUS	INESS/INDUSTRY	PHITE
he hospital detached fo once.	COMPLI	Elementary/Secondary (0-12) 77. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	ROOFEL	16. MOTHER'S NAM	SELF IE (First, Middle, Maiden	Surname)	
5 should be d notified at o	BE	CEORGE L 19e. INFORMANT'S NAME (Type/Print)	LANG SR	b. MAILING ADDRESS (Stre	IRE	NE DE	SELL n, State, Zip Code)	
y be as page 5	5	GEORGE M. 20a. METHOD OF DISPOSITION	LANG 1	918 WIL	HELM 1	AUE BI	4L70- /	40. 21237 Town, State
0 to E		1 Buriel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	- INE	prory or other place) 22. NAME	TOLY 4-	71-93 B	440-	CO. KD.
t after death. Pag by the funeral di empress.	Ц	23. PART I. Enter the diseases or co	Skade h	Ho	FFMANA	SKARDI	4 321	8 HUDSON
hours or r		shock, or heert fellure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	PREVIOUS TO (OR AS A CONSE	_	mode of dying, such	an Calculac of Teaps	mory errest,	Approximate Interval Between Onset and Death
and com o burial, natic ev	NTION	Sequentially list conditions, if any, leading to immediate	Metatotic Due to for as a consec	Lung Can	eka			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traus	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST d.	DUE TO (OR AS A CONSEC	DUENCE OF):				
at the deat by the att and Menta y Injury,		PART II. Other significant conditions	contributing to death but not r	resulting in the underly	ring ceuse given in F	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
requires the neen signed of Health shows an	: MEDICAL					1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
V: The law icate has t State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (Chec			
S PHYSICIAL or this certifi th with the marked, or	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW II	JURY OCCURED	
ATTENDING ECTOR: After s after dea n 28 ls m		3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At he building, etc. (Specify)	ma, farm, street, factory, o	ffice	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
DSPITAL OR INERAL DIR thin 72 hou INT: If Iter	COMPLET		AN: To the best of my knowledge, de On the bests of examination and/or					e(s) and manner as stated.
TO THE H TO THE FI be filed w	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	and of	resident	29c. LICENSE NUM	36	29d. DATE SIGN	ED (Month, Day, Year)
5		30. NAME AND ADDRESS OF PERSON WHO	MP FSUM	(
		APR 2 6 1993	32. REGISTRAR'S SIGNATURE	M.				



STATE OF MARYLAND / DEPART			HYGIENE
CERTIFIC	CATE OF DEAT	TH	REG. NO.

		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest) Letman Jr. 2. DATE OF DEATH MONTH DAY OAY 93 3. TIME OF DEATH MONTH DAY 93 42 93 3. TIME OF DEATH MONTH DAY 93 42 93 42 43 44 45 45 46 47 48 48 48 48 48 48 48 48 48
Pi		4. SOCIAL SECURITY NUMBER S. SEX 8. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 5 - 17-1928 8. BIRTHPLACE (State or Foreign Country) 6. C 8. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 14 HRS. 7. DATE OF BIRTH (Month, Day, Year) 7. DATE OF BIRTH (Month
, 2, 3 should	стов	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH PARAGUSTOWN 96. COUNTY OF DEATH RESIDENCE OF DECEDENT 96. COUNTY OF DEATH
4	DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 U YES 2 XNO
(H)	FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2/207 109. CITIZEN OF WHAT COUNTRY? 4. S.A.
215-0020 attending physics ise as the burial:	BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 14. RACE — American Indian, Black, White, atc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— If Yes, apocity Cuban, Maxican, Puerto Rican, etc.) 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, atc.) 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, atc.) 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, atc.) 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, atc.)
T 8 2	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
YLAND 2 by the hospital be detached fo at once.	COMPLE	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
MAR retained 5 should notified	TO BE	Johnny L. Coman, Jr Mary 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 707 Franklin Rd Apt 5-8 Atlanta, GA 30067
ALTIMORE, leath. Page 6 may be funeral director, page		20a, METHOD OF DISPOSITION 1 Very Klin Rd Apt 5 & FHarta, GA 30067 20a, METHOD OF DISPOSITION 1 Very Klin Rd Apt 5 & FHarta, GA 30067 20b, ALACE AND DATE OF DISPOSITION (Name of centerly, cremetory or other place) 10 Very Klin Rd Apt 5 & FHarta, GA 30067 20b, ALACE AND DATE OF DISPOSITION (Name of centerly, cremetory or other place) 10 Very Klin Rd Apt 5 & FHARTA, GA 30067 20c, LOCATION - City or Town, Stata 10 Very Klin Rd Apt 5 & FHARTA, GA 30067 20c, LOCATION - City or Town, Stata 10 Very Klin Rd Apt 5 & FHARTA, GA 30067 20c, LOCATION - City or Town, Stata 10 Very Klin Rd Apt 5 & FHARTA, GA 30067 20c, LOCATION - City or Town, Stata 20c, LOCATION - Cit
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DIVISION OF VITAL RECORD OR ATTENDING PHYSICIAN: The law requires that th DIRECTOR: After this certificate has been signed by th hours after death with the State Dept. of Health and it tem 28 is marked, or item 23 shows any in	: MEDIC	1 VES 2 NO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
F VITAL PSICIAN: The law certificate has be the State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO
VISION OF VI ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the St 128 is marked, or it	ву РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Panding Investigation 2 Accident Investigation
DIVISION DR ATTENDING I DIRECTOR: After hours after death tem 28 is mai		3 Suicide 6 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)
DIV DSPITAL DR A INERAL DIREC Thin 72 hours INT: If Item	COMPLET	29a. CERTIFIER (Check only one) 1 . CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 . MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.
TO THE HOSPITAL (TO THE FUNERAL D BE filed within 72 h IMPORTANT: If It	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 0 2 49 7 0 4/23/93
X		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) CLIFF FABER, BALT, COVINTY GENERALITIST. DEPT. OF EMERGENCY MEDICINE 31. DATE FILED (MONTH, Day, Ybar) L32. REGISTRAR'S SIGNATURE
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	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	11000							
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COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INOUSTRY								
BE CON	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) 40.1/10 Johnson								
5	Herbert Mason 3206 Tate St Balto, Had 212	26							
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	30. NOME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT K. 1834 MD 2435 M. Balve Lape Ave Sv., Te 22 Bell more 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	MP21215							
	APR 26 1993 Selicity Davidson-Randelle								

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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4 Homicide determined		2 Cutate	28e. PLACE OF INJURY	At home, farm, stre-		ES Z NO	281. LOCATION (Street a	and Number I	or Rural Bruda	Number	
P 3d. PAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		Could not be	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	.,,,				i riorar riocie	reunios,	
P 3d. PAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	E	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of my knowledge	a death accurred a	t the time date	and alone and done					
P 3d. PAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	MP	222								manner sa stated.	
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			1-215		-				1		
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	임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pri	nt)	00	1		100	410	
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ADD OR 1993 Che Saidon Andere			32. REGISTRAR'S SIGNATU	RE							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

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1 - STATE REGISTRAR	STATE OF MAR	RYLAND /	DEPAR ERTIFI	TMEN	T OF I	HEALTH AND	MENTA					
1. DECEDENT'S NAME (First, Middle, Last)			-						AW.	MEAN	3. TIME OF DEA	NTH
CORA E. MILLER											900	AM
					1	IF UNDER 24 HRS.			6. BIRTHE	PLACE (State or I	Foreign	
	44	99	YRS.		100000			4			<u> </u>	
								9c. COL	INTY OF DE	ATH		
				В.	ALTI	MORE						
	,		10c. CITY	, TOWN	OR LOCA	TION					10d. INSIDE CIT	γ
MARYLAND				В.	ALTI	MORE					1 X YES 2	NO
10e. STREET AND NUMBER					10	f. ZIP CODE	-		10g. CIT			
2307 HERKIMER STR	REET			21230						.S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	RMED	13.					s or No—	14. RACE	— American Ind	len,
3 Wildowed 4 Divorced					1 YES	2 NO Specif			,-			
15. DECEDENT'S EDUC	CATION	16a DE	CEDENT'S	ISLIAL C								
(Specify only highest grade	completed)	(G	ive kind of w	ork done	during me	ost of working	160	. KIND OF BU	SINESS/IN	DUSTRY		
	Conege (1-4 or 5+)		HOMEM	AKE	R							
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	AME (First,	Middle, Meiden	Surname)			
FRANKLIN SUTCH						GEOR	GEAN!	NA SCR	IVNO	R.		
19a. INFORMANT'S NAME (Type/Print)		19									-	
			31	9 C	HESA	PEAKE AV	E.,	STEVEN	SVIL	LE, M	D. 2166	66
20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE	AND DATE O	F DISPO	SITION	ame of	DAT				rn, Stata	
	energy .	MEADO	WRIDG	_						GE ———		
HUBBARD FUNERAL HOME INC.												
Wanted Kitt	canell on										D 212	229
23. PART i. Enter the diseeses, or contact the enterty of the ente	omplications that callist only one cause of	used the de	eath. Do no	ot ente	r the mo	de of dying, suc	ch ea car	flec or resp	iratory er	rest,	Approxim	
IMMEDIATE CAUSE (Fine)											Onset en	
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Sequentielly list conditions,	DUE TO (OR	AS A CONSEC	DUENCE OF	0							-	
cause. Enter UNDERLYING	DO 11	. 0	ti.								İ	
CAUSE (Disease or injury that initiated events				-	•						1	
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							-	1 TYES 2	NO.	1	OF DEATH?	
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25. WAS CASE REFERRED TO MEDICAL					28. Pt	ACE OF DEATH (Ch	neck only or	e)				
1 TES 2 NO	HOSPITAL:	Outpatient 3				e 5 🗆 Rasidence	6 Othe	r (Specify)				
27. MANNER OF DEATH	26a. DATE OF INJU	JRY	26b. TIME	OF	28c. INJ	URY AT			NJURY OC	CURED		
Netural 5 Pending 2 Accident Investigation	(menny bay, re			м								
3 Suicide 6 Could not be	26a. PLACE OF INJ building, atc. (JURY — At ho (Specify)	me, larm, at	reet, lac	tory, offic	•				or Rural Ro	ute Number,	
2 MEDICAL EXAMINER	t: On the basis of examin	nation and/or i	investigation	, In my	opinion, d	eath occured at the	time, date	and place, an	d due to th	ne cause(a)	and manner ear	stated.
29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI	MBER			E SIGNED	Month, Day, Year)	
											4/97	
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) CORA E. MILLER 4. SOCIAL SECURITY NUMBER 214-56-4735 9a. FACILITY NAME (If not institution, give st ST. AGNES HOSPITA RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND 10e. STREET AND NUMBER 2307 HERKIMER STR 11. MARITAL STATUS 1 Never Married 2 Married 3 (Midowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 6 th GRADE 17. FATHER'S NAME (First, Middle, Last) FRANKLIN SUTCH 19a. INFORMANT'S NAME (Type/Print) ROBERT FINECEY, J 20a. METHOD OF DISPOSITION 1 X Burrial 2 Cremetion 3 Rame 4 Donation 8 Other (Specify) 11. SIGNATUSE OF FUNCTIAL SETRICE LC 23. PART I. Enter the diseases, or c ehock, or heert feliure. If the disease or condition resulting in death) 24. Donation 8 Other (Specify) 15. Sequentially list conditions, if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigation PART II. Other algnificant conditions Investigation PART II. Other algnificant conditions PART II. Ot	1. DECEDENT'S NAME (First, Middle, Last) CORA E. MILLER 4. SOCIAL SECURITY NUMBER 214-56-4735 9a. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAL PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND 10c. STREET AND NUMBER 2307 HERKIMER STREET 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specily only highest grade completed) Elementary/Secondary (0-12) 6 th GRADE 17. FATHER'S NAME (First, Middle, Last) FRANKLIN SUTCH 19a. INFORMANT'S NAME (Type/Print) ROBERT FINECEY, JR. 20a. METHOD OF DISPOSITION 1 Surface 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specily) 11. BIGHARDER OF FUREAL SEPRICE LICENSER 23. PART I. Enter the diseases, or complications that ce check, or heart feilure. List only one cause of the cause. Enter UNDERLYING A Donation 6 Other (Specily) 23. PART I. Enter the diseases, or complications that ce check, or heart feilure. List only one cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that inhitated events resulting in death) 23. PART II. Other algnificant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhitated events resulting in death) LAST PART II. Other algnificant conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Security of the best of my investigation 3 Suicide 6 Could not be defarmined 29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER	1. DECEDENT'S NAME (Frat, Middle, Last) CORA E. MILLER 4. SOCIAL SECURITY NUMBER 214-56-4735 9a. FACILITY NAME (If not institution, give street and number) ST. AGNES HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND 10c. STREET AND NUMBER 2307 HERKIMER STREET 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARYLAND 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 VES 2 X 15 VES 2 X 16 VES CORRESPONDED 16 DORSON 16 DORSON 17 FATHER'S NAME (Frat, Middle, Last) FRANKLIN SUTCH 10a. NIFORMANT'S NAME (Frat, Middle, Last) FRANKLIN SUTCH 10b. NIFORMANT'S NAME (Frat, Middle, Last) FRANKLIN SUTCH 10c. NIFORMANT'S NAME (Frat, Middle, Last) FRANKLIN SUTCH 11. SIGNACURE OF FUNE ALL SETTICE LICENSEE 23. PART I. Enter the diseases, or complications that caused the deshock, or heert fellure. List only one cause on each line immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infitiated events resulting in death) 23. PART II. Other algnificant conditione contributing to deeth but not resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER: On the best of my knowledge, deficitly only investigation and contributing to deeth but not resulting in death) 26a. DECENTIFIER 1 VES 2 NO 27. MANNER OF DEATH 28a. PLACE OF INJURY 1 VES 2 NO 27. MANNER OF DEATH 28a. PLACE OF INJURY 27a. MANNER OF DEATH 28b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND TITLE OF CERTIFIER	1. DECEDENT'S NAME (First, Middle, Last) CORA E. MILLER 4. SOCIAL SECURITY NUMBER 214-56-4735 S. EX 214-56-	STATE REGISTAR 1. DECEDENT'S NAME (First, Micdis, Law) CORA E. MILLER 4. SOCIAL SECURITY NUMBER 214-56-4735 1	STATE REGISTRAR 1. DECEDENT'S NAME (Pint, Middin, Last) CORA E. MILLER 1. SOCIAL SECURITY NAME (If not institution, pine street and number) 9a. FACILITY NAME (If not institution, pine street and number) 9a. FACILITY NAME (If not institution, pine street and number) 9a. FACILITY NAME (If not institution, pine street and number) 9a. CITY, TOWN OR LOCA BALTI 10b. STATE 10b. COUNTY MARYLAND 10c. STATE 10b. COUNTY MARYLAND 10c. STREET AND NUMBER 2307 HERKIMER STREET 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. DECEDENT'S EDUCATION 15b. DECEDENT'S EDUCATION 15c. DECEDENT'S EDUCATION 15c. DECEDENT'S EDUCATION 15c. OVER WAR OR DATES 11. YES 2 (AND 11. YES 2 (1. SECEDENT'S NAME (First, Modific, Last) CORA E. MILLER 4. SOCIAL SECURITY NUMBER 5. SEX 21.4-56-4735 7. AGRISH HOSPITTAL 8. CITY, TOWN OR LOCATION OF DEATH 10. STATE 10. ST. AGRISH HOSPITTAL 10. STATE 10. STATE 10. ST. AGRISH HOSPITTAL 10. STATE 10. STA	1. STATE REGISTRAR CERTIFICATE OF DEATH CORNA E. MILLER 4. SOCIAL SECURITY NUMBER 214-56-4735 1	1. STATE REGISTRANE (PRIZ. MASSIS, Last) CORR E. MILLER 4. SOCIAL SECURITY NUMBER 214-56-4735 1	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEMBER'S HAME (PIRE, Models, Late) CORA E. MILLER 1. SOCIAL SECURITY NUMBERS 1. SEC S. SEX 1. SEX P. S	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEMBER'S HAME (PEX. MANOS, Larg) CORA E. MILLER 2. SOCIAL SECONITY NUMBER 2. SOCIAL SECONITY NUMBER 3. SOCIAL SECONITY NUMBER 3. SOCIAL SECONITY NUMBER 3. SOCIAL SECONITY OF DEATH 4. SOCIAL SECONITY NUMBER 5. SOCIAL SECONITY OF DEATH 5. SOCIAL SECONITY NUMBER 5. SOCIAL SECONI	1 - STATE OF MAILLERS CERTIFICATE OF DEATH LOCKORATE ON MILLERS CORA E . MILLERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. SCK 2 SCHOOL NUMBERS S. CKT 2 SCHOOL OF DOUBLOOK NUMBERS S. CKT 2 SCHOOL OF DOUBLOOK NUMBERS S. CKT 2 SCHOOL OF DOUBLOOK NUMBERS S. SCK 2 SCHOOL NUMBERS S

DEATH (ITEM 27) (Type, Print)

APR 2 6 1993

31. DATE FILED (Month, Day, Year)

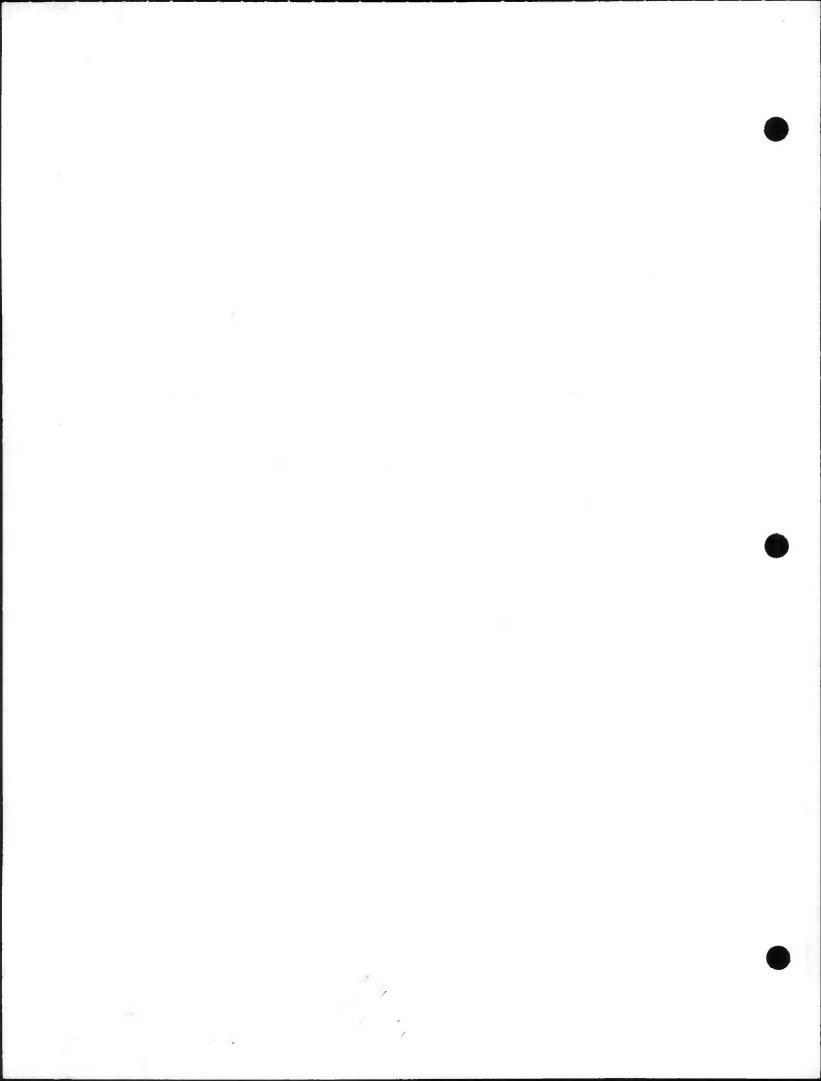
Av.

Julie Davidson Randelle

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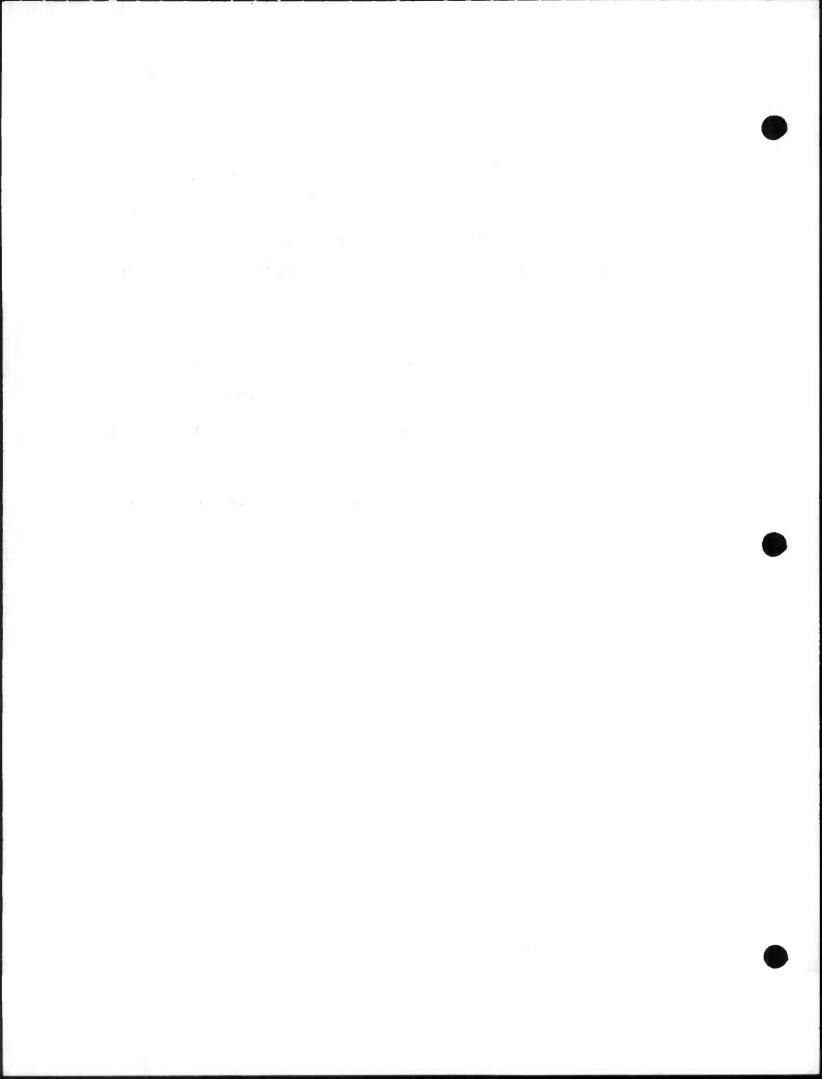


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		70.017.041				02111111	IOAIL	- 0	PEA	1111		HEG. NO).			
		1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE O		AY	YEAR	3. TIME OF DEATH	
		Bea	trice			M	AHONE	ΞY			April	24	199		1.56 P	M
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTHE	LACE (State or Foreig	in.
		216-60-58	44	1 🗌 M 2 🔀 F	42	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	051	Country)	
D)O		9n. FACILITY NAME (If not ins		treet and number)	42		9h CITY	TOWN	N OR LOCATI	ON OF D		.10.1		NTY OF DE	wYork	
3 should	Œ			Square Ho	spital		00. 0111,	10111		svil		0				
	[일]	RESIDENCE OF DEC		1	- SP EGGE	100012220						Baltimore				
8	낊	10a. STATE	10b. COUNTY	,		10c. CITY, TOWN OR LOCATION							-		10d, INSIDE CITY	_
Pa	DIRECTOR	Md.		Baltimor	e		M	lido	dle R	iver						
physician. burial-transit permit. Pages 1, 2,		10e. STREET AND NUMBER				10f. ZIP CODE							1 YES 2 NO	_		
#	BY FUNERAL	3 Righ	t Elev	ator		21220							lug. Citi	USA		
ian. trans	N N	11. MARITAL STATUS											L	USA		
physician burial-tra	5	1 Never Married 2 3	Married	12. WAS DECEDEN FORCES? 1		2, NO If yes, specify Cuban, Maxican, I						(Specify Yes	or No—	14. RACE Black,	- American Indian, White, stc.	
	≿	3 Widowed 4 Divor	7.11	IF YES, GIVE V	WAR OR DATES									Specify		
r attending use as the		16 DECE	DENT'S EDUC	CATION	100	05050511716			arabi			10.50			White	
or att	COMPLETED	(Specify only	highest grade	completed)		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						IND OF BU	SINESS/INC	DUSTRY		
	2	Elementary/Secondary (0- 12th	12)	College (1-4 or 5	+)	ille. Do NOT use retired.) COOK						cub	have			
the hospital o detached for once.	X													:11		
	႘	17. FATHER'S NAME (First, Mid Will		Connor		16. MOTHER'S NAME (First, Middle, Maiden Surname) Beatrice Altman										
d by t	BE			Connor		Beatrice Altman										
s retained by 5 should be notified at	6	19a. INFORMANT'S NAME (Ty				19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	-	William	Manone	2У		3 1	Right	E	levato	or	Ba]	ltimo:	re Mo	1. 21	220	
		20e. METHOD OF DISPOSITION 1 ☐ Burlet 2 ☐ Cremation				EANDDATE		TION (Name of		OATE	20c. LO	CATION -	City or Tow	n, State	
death. Page 6 may tuneral director, pa examiner must b		4 Donation 5 Other		over from Stata		crematory or o		tor	cu Inc		1.126.10	, 6	D - 1 +		. 163	
Pag al dir		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY														
death. Pag tuneral dir i. examiner		ConnellyFuneralHome 300MaceAve. 21221														
40		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest.														
d in by the or removal	- 1	23. PART I. Enter the dis	art fallere.	omplications the	t caused tha	death. Do	not antar	tha m	noda of dy	ng, suc	h as cardia	c or reapi	ratory an	reat,	Approximata	
		shock, or heart fallery. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) Onset and Death														
within 24 upletely fille cremation,		disease or condition														
																-
o certificate be executed nding physician and com Hygiene prior to burial, or other traumatic en	2															
h certificate be execute anding physician and c Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentially list conditions, Our To (or As A consequence of):													_	
siciar prior trau	8	cause. Enter UNDERLYING														
phy ene	Ĕ	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):														
Hygin of o	1	resulting in daeth) LAST														
he death certificate be the attending physician Mental Hygiene prior is njury, or other traun	B			•											+	
OR ATTENDING PHYSICIAN: The law requires that the death certificate DIRECTOR: After this certificate has been signed by the attending physicious after death with the State Dept. of Health and Mental Hygiene pritem 28 is marked, or item 23 shows any injury, or other ti	7		t condition	contributing to	death but no	t reaulting	in the und	dariyi	ng cause g	given in	Part I. 2	4a. WAS AN			WERE AUTOPSY FINDIN	NGS
that the ed by the and and in	EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. COMB 24a. WAS AN AUTOPSY PERFORMED? AM CO CO CO CO CO CO CO CO CO C											MAILABLE PRIOR TO COMPLETION OF CAUS	E		
signed Health a											- '	_ TES 2	A NO		OF DEATH?	
sho sho	Σ										-				1 YES 2 NO	
OR ATTENDING PHYSICIAN: The law requibilities has been bours after death with the State Dept. of Item 28 is marked, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL					00.1	DI 107 07 0							
N: The icate h State I	Ξ I	EXAMINER?		HOSPITAL:			OTHER		PLACE OF O	EATH (Ch	eck only one)					
CIAN ertifi the	₹	27. MANNER OF GEATH		1 Lyinpatient 2		_				sidence	8 Other (S	Specify)				
HYS his with	효	1 Netural 5 P	ending	28a. OATE OF (Month, D	my, Year)	28b. TIN	E OF IURY	W	NJURY AT VORK?		28d. OESCF	NBE HOW I	NJURY OC	CUREO		
NG PHYS fler this eath with marked	à I		rvestigation				М		YES 2	NO						
R. A			ould not be	26e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, facto	ry, off	fica		281. LOCATI City or	ON (Street a	and Number	or Rural Ro	ute Number,	
ATTE ECTOP S afte	EE	4 Homicide d	etarmined													
OR A DIREC hours	21	29a. CERTIFIER (Check only	FYING PHYSIC	CIAN: To the best of	my knowledge,	death occurr	ed at the tir	ne, de	te and place.	and dua	to the cause	(a) and man	mer ee stet	ad .		
2 2 2	COMPL														and manner as stated	
POFTANT	8	29b. SIGNATURE AND TITLE (o piece, air	0 000 10 01	- Causa(s)	Inc marrier as stated	
MF P	H	290. SIGNATURE AND TITLE	OF CENTIFIER						29c. LICE	NISE NUA	MBEN		29d. DATE	E SIGNED	Worth, Dep. War)	
GEX E	2	10xxa	6						DI	9.0.7			P 4	1249	_3	
[-	30. NAME AND ADDRESS OF												L		
		Marie Chat	ham ME). 9000 F	rankli	n Squ	are D	r.	Balto	o, M	d. 212	237				
		31. DATE FILED (Month, Day, Y	ber)	- SO DEGISTRA	R'S SIGNATURE											
	1	APR 26 19	93	Alia Mais	. 20 -											

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

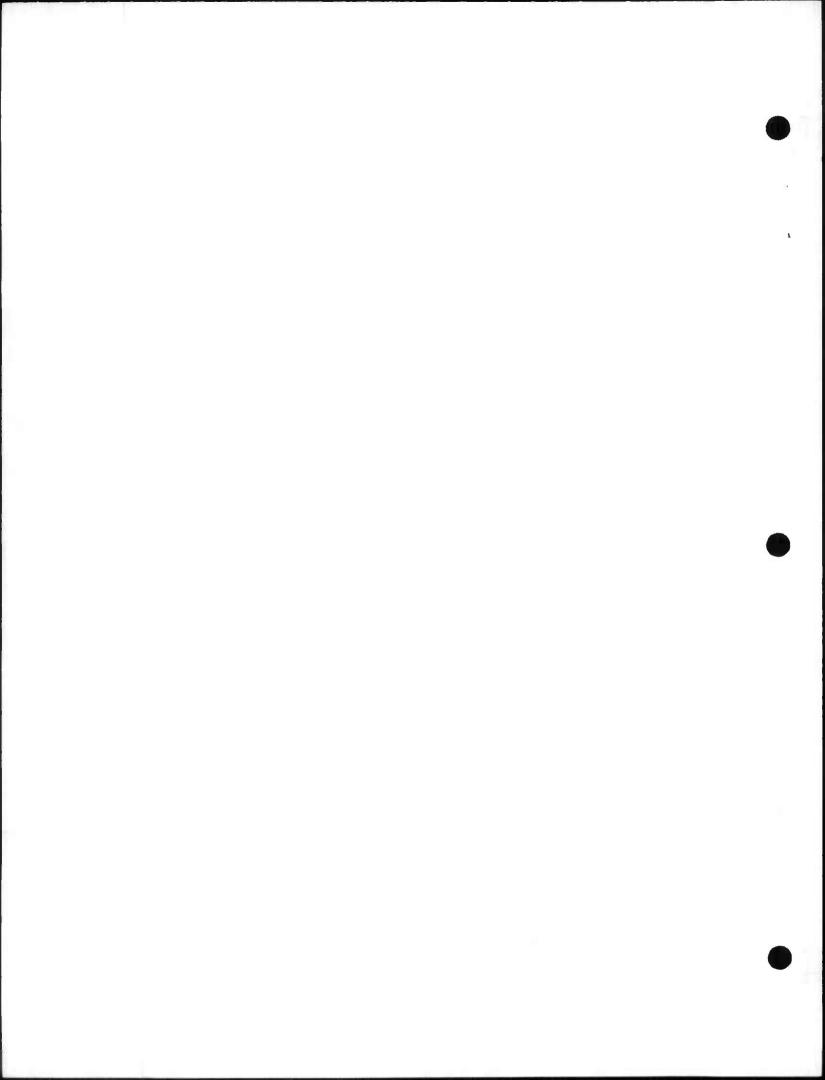


FOR

93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE	OF D	EATH		REG. No	D.			
	1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH	DAY		3. TIME OF DEAT	Н
	Fra	nk			Mi	ELKA		ADI	ril 24		993	5:26	D M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	birthday)	# UNDER 1 Y		UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRT	HPLACE (State or Fo	reign
	212-07-7232	1 XM 2 - F	76	YRS.	MONTHS	AYS HO	URS MIN.	(Mon	th, Dey, Year) 7-27-1	6	Coun	MD	
j	9a. FACILITY NAME (If not institution, give s	itreet and number)			9b. CITY, TO		OCATION OF D			9c. CO	UNTY OF	DEATH	
DIRECTOR	Franklin Square	Hospital				Ros	sville	ž		Bal:	timor	2	
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			40. 0.						Dair	O TIMOT		
<u>E</u>	MD	Baltimor	·e	10c, C11	Y, TOWN OR I	edale						10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				11050							1 🗌 YES 2 🔯	NO
A B	6615 Kenwood	AVe.				10f. ZIP	21237					WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	F1/50 W. 110 AD								JSA		
	1 Never Married 2 W Merried	FORCES? 1	YES 2 VN		If y	s, specify	ENT OF HISPAI Cuben, Mexica	an, Puerto	N? (Specify York, atc.)	s or No—	14. RAC Blac	E — American India k, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WA	H OR DATES"		1 -	YES 2	NO Specif	fy:			Spec	white	
G	15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DEC	CEDENT'S	USUAL OCCL	PATION		164	b. KIND OF B	JSINESS/IN	IDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	work done duri se retired.)	ng most of	working						
4	12		M	issi	le Med	hani	.C		M	artin	Mar	ietta	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				*	18.	MOTHER'S NA	ME (First,					
BE	James Melka						Anna J		_				
2	100. INFORMANT'S NAME (Type/Print) DOI: Othy A. Melka		19b				umber or Rural						
- 1							Ave.	Balt	imore	: MD	212	37	
	20a. METHOD OF DISPOSITION 5 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, cren	ND DATE	OF DISPOSITION	N (Name o		DAT		OCATION -	- City or T	own, State	
ı	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FOREHAL SERVICE LIC		MOS	t Ho				28-9	3	Balt	imor	e MD	
	St. state of Foreign activity of	100	/				ROSED		Funor	al Uca	ma		
_	- Menio /) Xell	7		1	211	Chesac	o Av	e.				
	23. PART i. Entar the diseases, or o shock, or heart failure.	complications that	csused the dea	ath. Do r	ot anter the	mode o	of dying, suc	h as car	diac or res	oiratory a	rrest,	Approxima	nte
	IMMEDIATE CAUSE (Final											Onset and	
	disease or condition resulting in death)	a. (e)	OR AS A CONSEO	lasc	vlar	A	ccid	ent	_			130	aus
İ		. /			•							1000	7-
S	Sequentially flat conditions,	b. //	or as a conseo	NSIE	~							1046	ars
¥ I	if any, leading to immediata cause. Enter UNDERLYING					1.						1.0	
윤	CAUSE (Disease or Injury that initiated events		or as a consecu			アン						7	ars
E	resulting in death) LAST				,								
CERTIFICATION		5										-	
	PART ii. Other significant condition			auiting I	in the unda	lying ca	uaa given in	Part I.	24a. WAS A	N AUTOPSY	246	WERE AUTOPSY FI	
DICAL	Toba	cco VI	re						1 TYES			COMPLETION OF CO	
ш												1 YES 2 P	10
ä													
PHYSICIAN: MI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				8. PLACE	OF DEATH (Ch	eck only o	ne)				
YSI	1 YES 2 NO	1 inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home 5	Rasidence	8 🗆 Othe	er (Specify)				
F	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF III (Month, Day		28b. TIM INJ	E OF 284 URY	: INJURY WORK?	AT	28d. DE	SCRIBE HOW	INJURY OC	CURED		
À I	1 Natural 5 Pending 2 Accident Investigation						2 🗌 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At hon tc. (Specify)	ne, farm, s	street, factory,	office			ATION (Street or Town, State		or Rural	Route Number,	
COMPLETED													
릴	29a. CERTIFIER (Check only	CIAN: To the best of m	ny knowledge, dan	th occurre	d at the time,	date end	place, end due	to the ca	use(a) and me	nner aa sti	sted.		
Ş I	2 MEDICAL EXAMINE	R: On the beele of exa	mination and/or in	rvestigatio	n, in my opini	on, death	occured at the	time, data	and place, e	nd due to t	he ceuse(e) and menner ae st	ated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					290	LICENSE NUI	MBER		29d. DA		(Month, Day, Year)	
2	Ear Hy	u M	D			D	391	59			4/2	24/93	
- 1	30. NAME AND AGORESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)		, ,						
	Earl Hope	1.0	Frank	lin -	Sq var	1	tospite	10	ender	1	30/1	5 MO	
	APR 26 1993	O COMPLETED CAUSE 10 D 12. REGISTRAR 11 Day down	'S SIGNATURE										
4		1	1										

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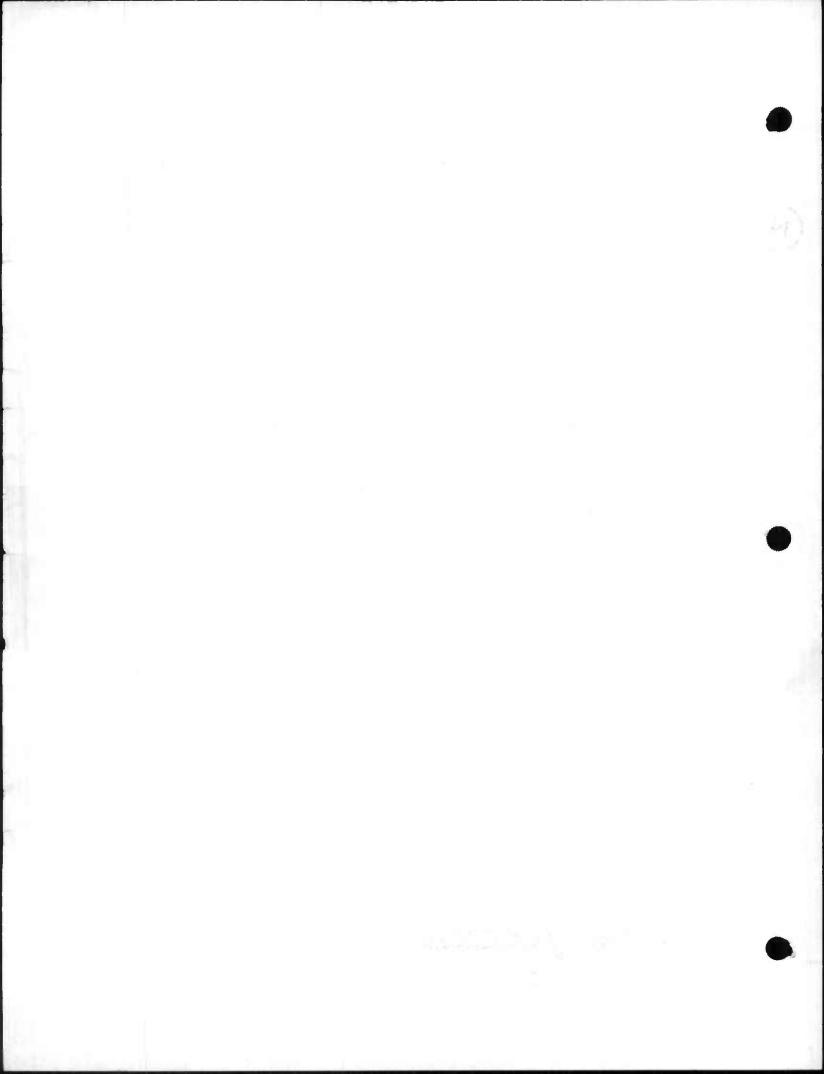
TO THE HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE O				3. TIME OF D	EATH
	Herbert			N	IUNLEY					Apri	1 24,	199	3 YEAR	9:55	Ам
	4. SOCIAL SECURITY NUMBER 235-18-5		5. SEX 1 XM 2 F	6. AGE (In y	rs. last birthda 5 YRS	MONTHS	DAYS	IF UNDE	1 24 HRS. MIN.	7. DATE OF			S. BIRTH	PLACE (State of	r Foreign
	Se. FACILITY NAME (If not in	nstitution, give si	treat end number)			9b, CIT	Y, TOWN	OR LOCATI	ON OF DE		,-	_	NTY OF D		
DIRECTOR	Frankli	n Squa	re Hospi	tal_			Ro	ssvi	lle			Ba1	timo	re Cour	nty
E I	10e. STATE	10b. COUNTY			10c. (10c. CITY, TOWN OR LOCATION								10d. INSIDE C	HTY
	Md.		Baltimor	е		Essex								LIMITS?	NO NO
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
NE I	814 P1	atinum								.221		L	USA		
	11, MARITAL STATUS 1 Never Married 2		12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	YES	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)						(Specify Yes can, etc.)	or No-	Blact	E — American I k, White, etc.	ndlen,
8 €	3 🔀 Widowed 4 🗌 Divo	1101												White	
E	(Specify onl	EDENT'S EDUC by highest grade	completed)		(Give kind	of work done use retired.	during me	ON ost of worki	ng	16b. K	INO OF BUS	INESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)		icema					US	ARMY	•		
Š	17. FATHER'S NAME (First, M	fiddle, Lasi)						18. MOT	HER'S NAI	ME (First, Mic	idle, Meiden	Sumame)			
BE (Nunley					-		Pea	rl Ju	stice				
욘	190. INFORMANT'S NAME (1									Route Number Balti				7	
	20e. METHOD OF DISPOSIT	TON		20b. PL	ACE AND DA				ve.	DATE			City or To		
	1 Guriel 2 Crematic		oval from State		ry cremetory of				4/27	.1				Kentu	cky
	21. SICHATURE OF FUNERA	L SERVICE LIC	ENSEE	1 11				ND ADDRE		214	220				
	Connell	y tu	nulal	H	ome			-						21221	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eurt fellure. I	List only one cer	in Oma	ine.			de of dy	ing, suci	h 3s cardie	c or reepl	ratory sr	rest,		imeta I Between and Death
CERTIFICATION	Sequentially list condit if smy, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initieted events resulting in death) LAS	diate ING iry	DUE TO	(OR AS A CO	ONSEQUENCE	OF):									
	PART II. Other algolifica	int condition	a contributing to	death but	not reauitin	g in the u	nderivin	g cause	given in	Part i. 2	4s. WAS AN	AUTOPSY	24h	WERE AUTOPS	Y FINDINGS
: MEDICAL											PERFOR	MED?		AVAILABLE PRICOMPLETION (OF DEATH?	OF CAUSE
NA N	25. WAS CASE REFERRED TO	O MEDICAL			-		26. PI	LACE OF D	EATH (Che	eck only one)					
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHE	R:			8 Other (Specify)				
Y PHYSICIAN:		Pending Investigation	28e. DATE OF (Month, D	INJURY Day, Yeer)	28b. 1	TIME OF INJURY	28c. INJ WC	URY AT ORK? YES 2			RIBE HOW I	JURY OC	CUREO		
TED BY	3 Suicide 8	Could not be determined	28e. PLACE C building,	OF INJURY — etc. (Specify)	At home, ferr	n, street, fee	ctory, offic	•			ION (Street a Town, Stete)	nd Numbe	r or Rural F	Route Number,	
COMPLETE			CIAN: To the best of R: On the basis of e											e) end manner e	e atated.
BE 0	296. SIGNATURE AND TITLE	OF CERTIFIER	*					29c. LIC	ENSE NUM	MBER		29d. DAT	E SIGNED	(Month, Day, Ye	er)
2	Achimse (ms	MV)	05.05.05									Apri	24.	1993
•		se Osir	nski, M.D). 90	00 Fr		n Sq	uare	Dru	ve Ba	altim	ore	MD 2	21237	
	APR 26 19	93 9	wa Davids	on-Acho	LE										





3. TIME OF DEATH 6 10 1/p

10d. INSIDE CITY LIMITS? 1 YES 2 NO

Specify: WHITE

MD 21122

Approximate Interval Between

Onset and Death Hours

zieins

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO

COMPLETION DF CAUSE OF DEATH?

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

8. BIRTHPLACE (State or Foreign

KENTUCKY

9c. COUNTY OF DEATH HOWARD

10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc.

REG. NO.

2. DATE OF DEATH

125

04 7. DATE OF BIRTH (Month) Day, Year

08

1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

404-20-4816

AUDREY L.

9e. FACILITY NAME (If not institution, give street end number)

ONEY

5. SEX

1 | W 2 | F

-	
RECORDS,	
VITAL	
OF	
DIVISION	

Minchero

31. DATE FILED (Month, Day, Year) APR 26 1993

2,38	E E	HOWARD COUNTY HOS	SPITAL		COL	_UMBIA	H	OWARD			
. Pages 1,	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE MARYLAND BAL	TIMORE		TOWN OR LOC			10d. INSIDE (LIMITS? 1 YES 2			
physician. burial-transit permit. Pages	FUNERAL	100. STREET AND NUMBER 1009 FRANCIS AVE	NUE			101. ZIP CODE 21227	10g. CITE	ZEN OF WHAT COUNTR			
	BY FUN	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes,	DECENDENT OF HISPANIC ORIG specify Cuben, Mexican, Puerto (ES 2 X NO Specify:					
pital or attending ed for use as the	PLETED	15. OECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12)		life. Do NOT use	ork done during	ATION 11 most of working	186. KIND OF BUSINESS/INDUSTRY HOUSEHOLD				
d by the hospital of the detached for d at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) PROCTOR OWENS				, Middle, Melden Surname) SALYER					
be retained to ge 5 should e notified	10	190. INFORMANT'S NAME (Type/Print) LINDA ONEY				RE, MD 2122					
e 6 may ector, pa must b		20e, METHOD OF DISPOSITION 1	val from State	b. PLACE OF DISPOS other place) OWE	N CEME	/93 SALYER	City or Town, State SVILLE, KY				
after death. Page by the funeral directions. Thooal. Cal examiner in		21. SHIMATURE OF FUHERAL REPVICE LICE	Hir/C))	STA 311	LLINGS FUNERA 1 MOUNTAIN RO					
th certificate be executed within a fours ending physician and completely filled in the Hygiene prior to burial, cremation, or rea or other traumatic event, the medi	ERTIFICATION	23. PART 1. Enter the diseases, or conshock, or hasnt failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Mydurd DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	facet,		rdiac or reepiratory arr	Pest, Approximately Approximat			
requires that the deen signed by the of Health and Meshows any Injury	: MEDICAL CE	PART II. Other significent conditions Pulmenary Renal failu	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 WO	24b. WERE AUTOP AMILABLE PR COMPLETION OF DEATH? 1 YES 2							
The law ite has ate Dep	rsician:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	. PLACE OF DEATH (Check only					
L DR ATTENDING PHYSICIAN: DIRECTOR. After this certifical hours after death with the St llem 28 is marked, or It	TED BY PHY	27. MANNER OF DEATH Netural 5 Pending investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, a	M 1 [WORK? YES 2 NO 28f. Li	DESCRIBE HOW INJURY OCI DCATION (Street and Number lity or Town, State)				
TO THE HOSPITAL DR A TO THE FUNERAL DIREC DE filed within 72 hours IMPORTANT: If Item	BE COMPLET	CONTRACT OFF	R: On the basis of examinati			date end place, end due to the n, death occured at the time, d 29c. LICENSE NUMBER	ate end place, end due to ti				
D D S	0 8	5-4 Minch	iew, No	il.		DO 928	3 1	+/19 A-			

0/01

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated.

ANNAROLIS

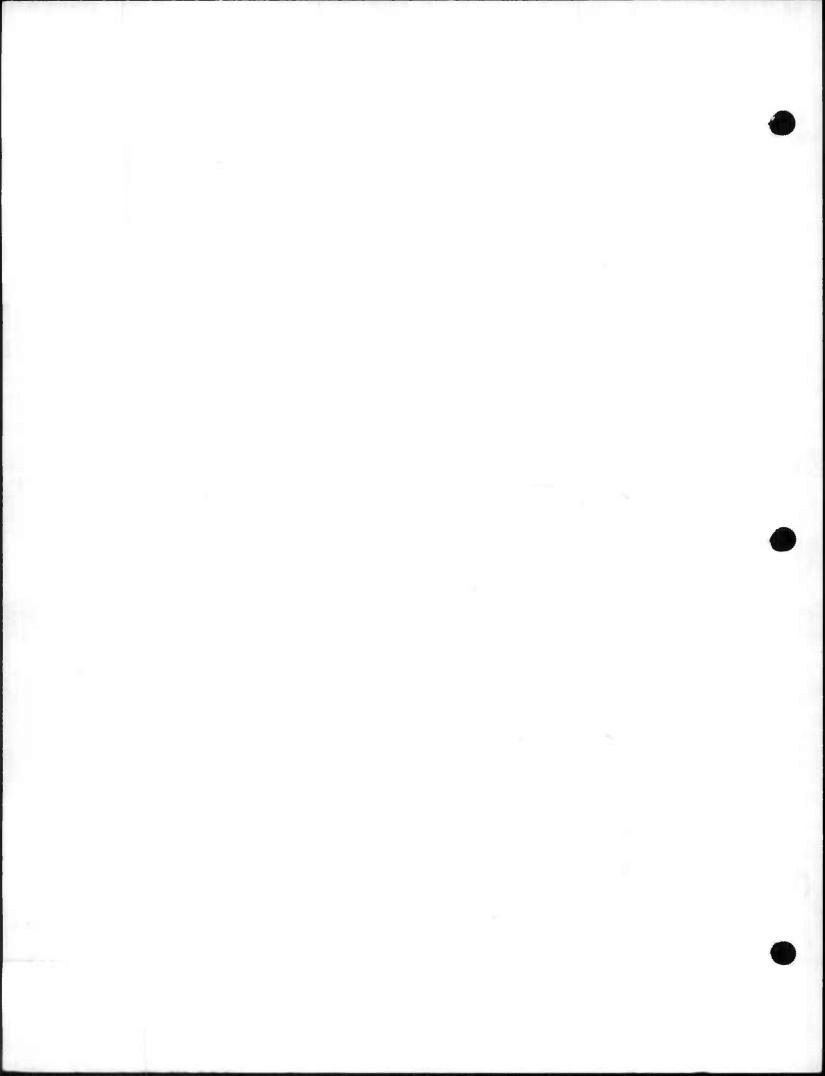
IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

8. AGE (Inlyrs. last birthday)

80

OHMH-16 Rev 1/89

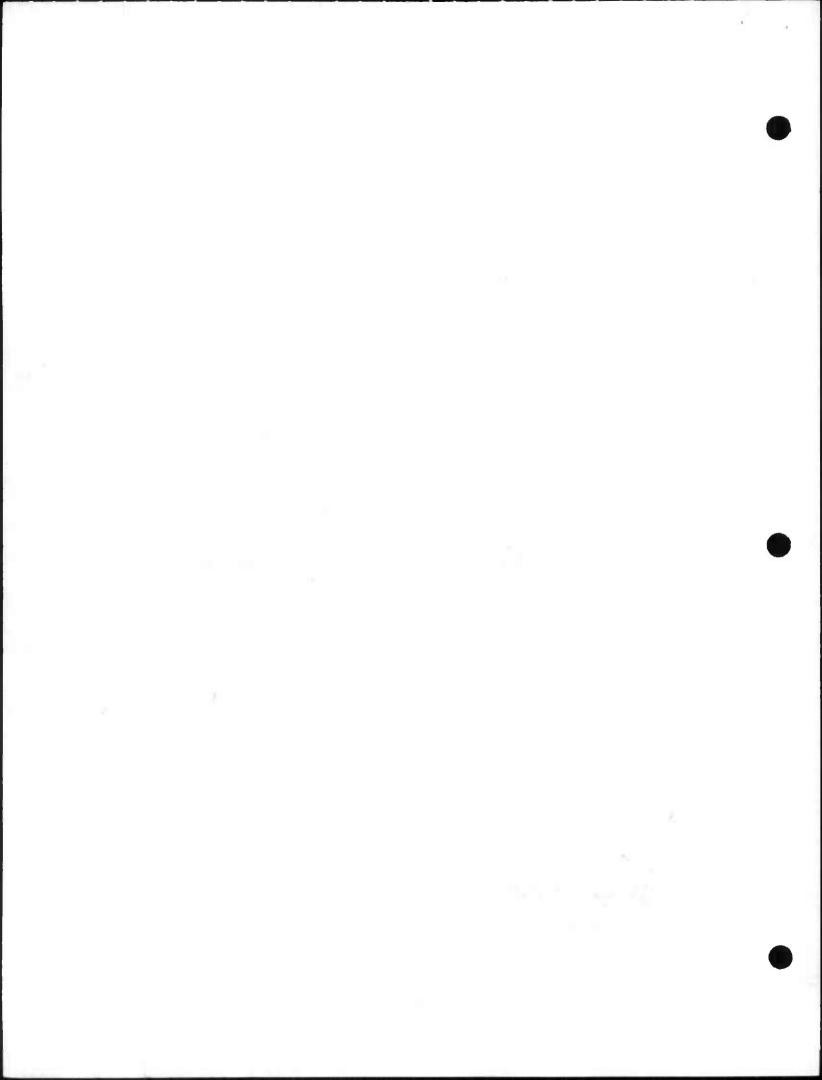


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1 - STATE REGISTRA	R
1. DECEDENT'S N	A
RUDY	
4. SOCIAL SECUR	П
90. FACILITY NAM	Ε
801 M	C
RESIDENCE	ō
10e. STATE	
MD	

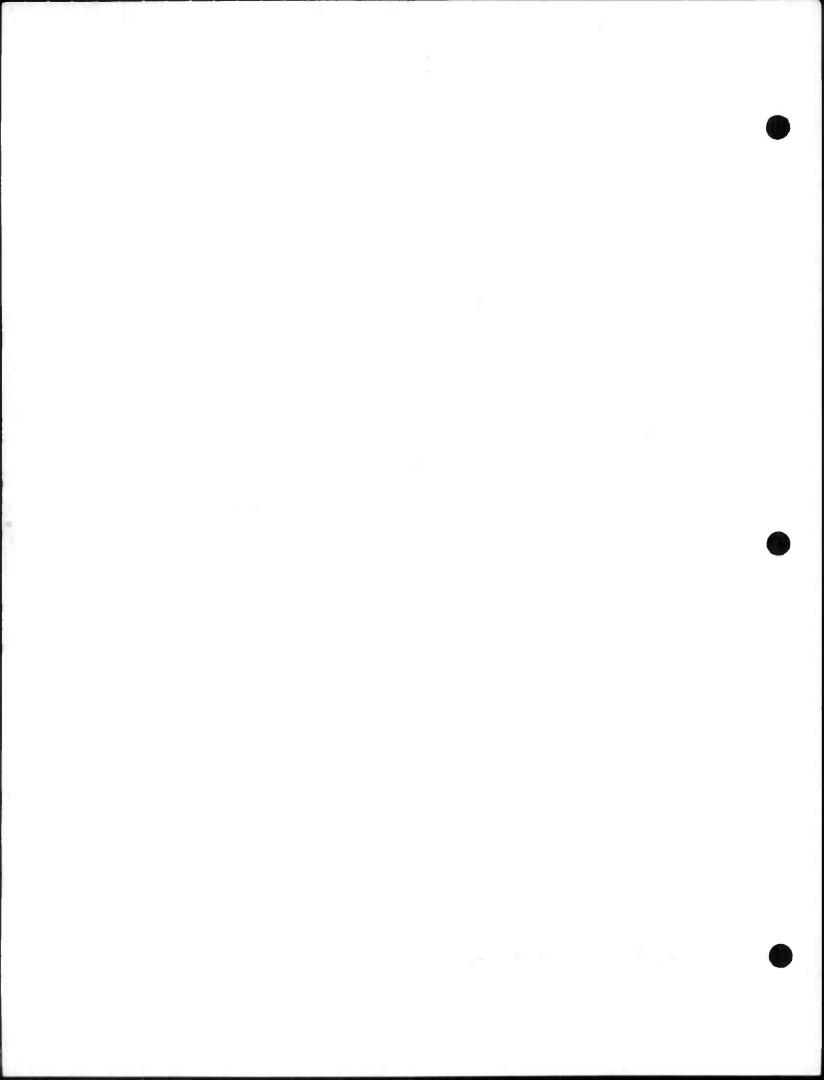
FOR

	1. DECEDENT'S NAME (First												
		dolph			דמם	TCHET	T JE	,	2. DATE OF MONTH	DA		YEAR	. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les		I CHEI		_	0 4		.6	93	ACE (State or Fo
			1 X M 2 F	47		ONTHS DAYS		MIN.	(Month, D	5 - 45		Country	MD
	9e. FACILITY NAME (If not in	nstitution, give	1	4/		9b. CITY, TOWI	H OR LOCATE	ON OF DE		3-43	0- 001111	TY OF DEA	
E E	801 McDON								2111		SC. COON	IT OF DEA	in
5	RESIDENCE OF DEC	CEDENT					'IMOR	<u> </u>					
DIRECTOR	10e. STATE	10b. COUNT	IY .			TOWN OR LOC					10	Dd. INSIDE CITY	
	MD 100. STREET AND NUMBER				Вa	ltimo	re						X VES 2 🗆
RA	1712 E. M		nn St				5			S A	AT COUNTRY?		
FUNERAL	11. MARITAL STATUS	ddisc	12. WAS DECEDENT	T EVER IN U.S. AR	IMED	13. WAS D			C ORIGIN? (Specify Yee or No				
	1 Never Married 2		FORCES? 1 IF YES, GIVE W	YES 2 X	40	It yes,	specify Cube ES 2 (X) NO	n, Mexican	, Puerto Rican, etc.)			Black, V	Vhite, etc.
D BY	3 Widowed 4 XXDivo											В	lack
E	(Specify only	by highest grade	e completed)	(Gi	Ve kind of wor	SUAL OCCUPA rk done during i	L OCCUPATION The during most of working ad.) 16b. KING				INESS/INDU	JSTRY	
2	Elementary/Secondary (0	0-12)	College (1-4 or 5+)	emplo								
COMPLETED	17. FATHER'S NAME (First, M	Aiddle, Last)				- 5	18. MOTI	IER'S NAM	IE (First, Midd	de Maiden S	Sumame)		
111	Rudolph P	riche	ett Sr.						Robii		,		
TO BE	19e. INFORMANT'S NAME (7	,,				DDRESS (Stree							
	Annie Loc					N. Du	_	St.	/Bali				
	20a. METHOD OF DISPOSIT	on 3 🗌 Rem	noval from State	20b. PLACE A	AND DATE OF	DISPOSITION	Name of		DATE		ATION - C		
	4 Donation 5 Other 21. SIGNATURE OF FUNERAL		CENSEE	Dait	I III O Y 6	_	AND ADDRES		ILITY	pai	timo	re,	טויו
	2	201	4- K.	Ch.				STATE OF STATE					
_	72 045	nec	W/)	Jon	00	WM	C. MA	ARCH	F.H	./11	01 E	. NO	RTH A
medical	23. PART i. Enter the diseases, or complications that course the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart fellure. List only one ceuse on each line.												
	iMMEDIATE CAUSE (Final												Onset and
	disease or condition resulting in death) a. Gusbat would have been a consequence of:												
	resulting in death)		DUE TO	OR AS A CONSEC	DUENCE OF):	MON	لم	2	hea	8			
N		ione C	b		DUENCE OF):	Won	_	5	he	7			
ATION	Sequentially liet conditi	diete	b	OR AS A CONSEC	DUENCE OF):	Wor	<u> </u>	5	hea	-			
IFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE TOSESSE OF INJU	diete	b. DUE TO (DUENCE OF):	Son		5	hea	-ð			
ERTIFICATION	Sequentially liet conditi if any, leading to imme- cause. Enter UNDERLYI	diete ING Iry	b. DUE TO (OR AS A CONSEC	DUENCE OF):	Son	(5	hea	<i>₩</i>			
	Sequentially liet condition in any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injust that initiated events resulting in death) LAS	ing ing	b	OR AS A CONSEC	DUENCE OF):							Tan w	
	Sequentially list condition in any, leading to immecause. Enter UNDERLIC CAUSE (Disease or injust that initiated events	ing ing	b	OR AS A CONSEC	DUENCE OF):				Part I. 24	a. WAS AN A	MED?	AM	AILABLE PRIOR
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	1	6	_
BALTIMORE, MARYLAND 21215-0020	w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-train forms 1, 2, and Health and Mental Heriste and for its burial creatation, or removal	
AA	the h	detac	-
E, MARYL	be retained by	ige 5 should be	to published as
NE NE	5 тау	tor, pa	d dent
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BALT	er death.	he funeral	avom!
RECORDS, P.O. BOX 68760,	ed within 24 hours af	been signed by the attending physician and completely filled in by the	to construct and more any special programmed and the months and the model of a second and an action
89 X	e executi	an and c	- Standing
. 80	ficate b	physici ne prior	20, 400
0.0	th certi	ending !	or other
CORDS,	vires that the deat	signed by the attr	we say Intury
T.	w requ	been	eho

		FOR 1 - STATE	43: 6	STATE OF I		ND /	DEPAR	TMENT	OF H	EALTH	AND I		L HYGIEN		3	1813
		REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last)			UE	KIII	CATE	OF	DEA	ГН	- DAT	REG. NO.	7	<u> </u>	TIME OF DEATH
	1	Aaron			D.				Dar	ker		MON'	TH D/		YEAR 3.	5:22 A.M
		4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In	yrs. last	birthday)	IF UNDER	t YEAR	IF UNDER		7. DATE	OF BIRTH		S. BIRTHPLA	CE (State or Foreign
Ð		230-18-627		1 🖾 M 2 🗆 F	6	59	YRS.	MONTHS	DAYS	HOURS	MIN.	T	5-9-24		Virg	inia
2, 3 should	~	80. FACILITY NAME (If not ins	stitution, give st	reet end number)				9b. CITY,	TOWN C	R LOCATI	ON OF DE	ATH		9c. COUNT	TY OF DEAT	н
1, 2, 3	TO.	Good Sama	ritar	Hospi	tal			Bal	tin	nore	Ci	ty				
-	DIRECTOR	10a. STATE	10b. COUNTY				10c. CITY	r, TOWN O	R LOCAT	ION					100	I. INSIDE CITY
(2)		MD					BAL	TIM	ORE						W	LIMITS?
	FUNERAL	100. STREET AND NUMBER							101	. ZIP CODI	_			10g. CITIZ	EN OF WHAT	COUNTRY?
lan. tran	NE	1348 PENT	RIDGE						\perp		239				U.S.	
020 ohysic		1 Never Merried , 2 1	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	U.S. ARN	IED D	11	yes, spe	ecify Cube	n, Mexica	n, Puerto	N? (Specify Yes Rican, atc.)	or No—		American Indian, hite, atc.
AND 21215-0020 the hospital or attending physician, detached for use as the buriat-tran	ВУ	3 Widowed 4 Divor	roed	IF TES, GIVE Y	NAH OH DAI	IES		1	_ YES	2 □X NO	Specify				Specify:	BLACK
215 aften	ED	15. DECE (Specify only	EDENT'S EDUC	ATION completed)				USUAL OC			ng .	16	b. KIND OF BUS	INESS/INDU	STRY	
Mital or	LET	Elementary/Secondary (0-8th	-12)	College (1-4 or 5	+)	life.	Do NOT us	e retired.)				1,	O NI NI	0.0.11	0.0	
AND the hosp detacher	COMPL	17. FATHER'S NAME (First, Mic	iciclia (aut)							40.000			CONN.		CO.	
3 6 6 Z	ЕСС	MOSES Mc								,			Middle, Meiden	Sumame)		
MAR retained 5 should notified	00	190. INFORMANT'S NAME (Ty	/pe/Print)			19b.	MAILINO	ADDRESS	(Street a				nber, City or Town	, State, Zip C	Code) 2	1228
- AN	٩	AARON PARK				3	4 L	WRE	NCE	BRO	OOKE	RD	/BALT	IMOR	E, M	
IORE, e 6 may be ector, page must be		20g. METHOD OF DISPOSITH	DN n 3 🗆 Remo	vai from State				F DISPOSIT				DAT			ity or Town,	
IMORE Page 6 may if director, pa		4 Donation 5 Other	(Specify)		_ JGAT	RRT	SON	FOR					OWI	NGS	MILL	S, MD
		21. SIGNATURE OF FUNERAL	, SERVICE LIC	LR.	2					ID ADDRES						
. 9 .		7		1/7	~	2	1	WM	.С.	MAR	CH F	.н.	/1101	E.	NORT	H AVE.
ed in t		23. PART I. Enter the dis	seasea, or c art failura. I	omplications the Jat only one cau	it caused t	tha das ch iina.	ig: Da u	ot entar l	the mo	da of dyi	ng, suct	aa car	diac or reapi	ratory arre	st,	Approximate interval Batween
24 E 00 B		IMMEDIATE CAUSE (Fine	al	40750			0.7.	0 0 0	0.0		6.6.11			_		Onset and Death
ted within 24 completely filled, cremation, event, the		resulting in death)	+ ,		OR AS A				RD.	UVA	200	LAR	DISEA	SE		
► 5 5 - B	,			502 10	(ON AS A C	CONSEC	DENCE OF);								
OX 68: e be executi sician and c rior to buria	CERTIFICATION	Sequantially list condition if any, leading to immed	ons,	DUE TO	(OR AS A C	CONSEC	JENCE OF):								
BOX cate be en hysician a prior to	CA	cause. Enter UNDERLYIN CAUSE (Disease or Injur	NG													
i, P.O. BOX leath certificate be a attending physician rntal Hygiene prior th	THE	that initiated events resulting in death) LAST		DUE TO	(OR AS A C	CONSEC	JENCE OF):								
DS, P.O. BC the death certificate the attending physis I Mental Hygiene pri	CER			•												
DS the the day we	ا بـ	PART II. Other algolifican	nt conditions	contributing to	death but	t not re	aulting i	n tha und	ariying	cause g	lven in i	Part I.	24a. WAS AN A PERFOR			RE AUTOPSY FINDINGS
RECORI requires that the seen signed by of Health and shows any In	MEDICA												1 TES 2		COI	ILABLE PRIOR TO WPLETION OF CAUSE DEATH?
REC v requires been sign t. of Heal																YES 2 NO
	PHYSICIAN:															
VITAL MAI: The law illicate has the State Dept	SC	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	-	HOSPITAL: 1 Inpatient 2	X			OTHER	:	ACE OF D						
보 등 용한 그	H	27. MANNER OF DEATH		28e. DATE OF		tient 3	28b. TIME	4 Nursi	ng Home		sidence		SCRIBE HOW IN	HIEW OCCU	IDEO	
O Harris			Pending nvestigation	(Month, D			INJU		WO	RK?	NO	200. DE	SCHIBE HOW IN	JOHY OCCU	MED	
0	D BY	a Daniel	Could not be	26e. PLACE O	F INJURY -	At horr	ie, farm, si	treet, tactor				28f. LOC	CATION (Street e	nd Number o	r Rural Route	Number,
新 M E	ETE		letermined	building,	etc. (Specify	y)						City	or Town, State)			
8	ا ت	29e. CERTIFIER (Check only	FYINO PHYSIC	IAN: To the best of	my knowled	dge, des	th occurre	d at the tin	ne, date	end place,	end due	to the ca	use(s) end man	ner ee stated	1,	
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO	- E			: On the basis of e	xamination (end/or in	vestigation	, in my op	inion, de	eath occur	ed at the t	time, date	and place, end	due to the	cause(s) end	f manner ee stated.
NERA NERA NERA	OME	one) 2 MEDIC	CAL EXAMINER													
HE HOSPITAL HE FUNERAL SPITANT: II	E COMPL	200. SIGNATURE AND TITLE		0- A.	^ ^					29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (Mo	nth, Day, Year)
TO THE HOSPIAN TO THE PLINERAL be filed within 72	TO BE COMF	200. SIGNATURE AND TITLE OF	OF CERTIFIER	te N	M						C . M			29d. DATE :		2/1993
TO THE HOSPITAL TO THE FLAVERA De fied with 72 IMPORTANT II	H	2 MADICE AND TITLE OF THE AND ADDRESS OF	OF CURTIFIER PERSON WHO	COMPLETED CAUS	SE OF DEAT					0.	С.М.	Ε.		•	04/2	2/1993
TO THE HUSPITAL TO THE FLINEDA De filed within 72 IMPORTANT: II	H	2 MADICE AND TITLE OF J. Laron	PERSON WHO	COMPLETED CAUSE, M.D.	SE OF DEAT	11			ree	0.	С.М.	Ε.	ore, M	•	04/2	
TO THE HOSPITAL TO THE FLINEDAL De filed within 72 IMPORTANT. II	H	2 MADICE AND TITLE OF THE AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEAT	11			ree	0.	С.М.	Ε.	ore, M	•	04/2	2/1993



FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF					MENTAL HYGIENE REG. NO.	93	1 1811
ECEDENT'S NAME (First, Middle, 1) OL		NIA DeCATUR F	ACA	Ξ			2. DATE OF DEATH DAY	YEAR Q3	3. TIME OF DEATH St 45 A M
77_01_1 976	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER	t YEAR DAYS	IF UNDER 24	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Count	HPLACE (State or Foreign

)				E VIRGIN	_			CA					YEAR 3	51 45 A N
9	h	4. SOCIAL SECURITY NUMB 577-01-1876		5. SEX	8. AGE (II			UNDER 1 YEA		n. Oct	E OF BIRTH	1911 W	Country ashi	ace (State or Foreign ngton, D.C
ift. Pages 1, 2, 3 should	TOR	THE UNION			TAL		96		IN OR LOCATION O	F DEATH		9c. COUNT	Y OF DEA	rH
t. Pages 1	DIRECTOR	10a. STATE Maryland	10b. COUNT				Balt:		CATION					Od. INSIDE CITY LIMITS? YES 2 \(\text{\backslash}\) NO
(L	FUNERAL	100. STREET AND NUMBER 3900 N. Ch	arles	Street i	#50 2				101. ZIP CODE 21218					AT COUNTRY?
ling physicis the burietic	BY FUN	11. MARITAL STATUS 1 Never Married 2 SXX Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X N	MED O	It yes,	DECENDENT OF HIS specify Cuben, Ma YES 2 NO Sc	xican, Puart	IN? (Specify Yes o Rican, etc.)		I. RACE -	American Indian, White, etc.
hospital or attending ached for use as the	COMPLETED		DENT'S EDU- highest grade)	(Gh	Do NOT use re	done during tired.)	ATION most of working		BE. KIND OF BU	siness/indus		e)
be det		17. FATHER'S NAME (First, Mic Benjamin Ha		n DeCatur	r				18. MOTHER'S	NAME (First	, Middle, Maiden	Sumame)	phon	
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (7) Louis W. Han	pe/Print)						et and Number or Au	rel Route Nu	mber, City or Tow	m, State, Zip Co		
pe 6 may be irector, page		20a METHOD OF DISPOSITION 20 Burlal 2 Cremation 4 Donation 5 Other	Specify)	-	20b. Germe W O (PLACE A	ND DATE OF D natory or other WIN CEI	isposition	(Name of		27 WOO	cation – ch dlawn,		
after death. Page 6 m by the funeral director, amoval.		Thomas	o yasy	0 6 11					tchell-W					land 21212
within 24 hours appletely filled in cremation, or or cremation, the med		23. PART I. Enter the disserted of the shock, or he IMMEDIATE CAUSE (Findisease or condition resulting in death)	art feilure. ol	e. Supplied to (Se on as	ch line.	UENCE OF):	•		such as ca	rdiec or reap	iratory arrea	ŧ,	Approximata Interval Between Onset and Death
th certificate be execu- tending physician and il Hygiene prior to bur or other traumation	ERTIFICATION	Sequentially list conditi- if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or Injur- that Initiated events resulting in deeth) LAST	late IG y	с			UENCE OF):	filt	rolle					
requires that the deen signed by the of Health and Me	MEDICAL CE	PART II. Other aignificar	t condition	s contributing to d	death bu	t not re	eulting in t	ne underly	ring ceuse given	In Part I.	24a. WAS AN PERFOR 1 — YES 2	MED?	AM CC OF	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE OEATH? YES 2 NO
	SICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpe	tient 3		THER:	PLACE OF OEATH					
The wife	ву рну	27. MANNER OF OEATH 1 Netural 5 P 2 Accident	ending evestigation	28a. OATE OF I (Month, Day	y, Year)		28b. TIME OF	28c.	INJURY AT WORK? YES 2 NO		EŞCRIBE HOW I	NJURY OCCUI	RED	
DR ATTENDING DIRECTOR: After hours after death item 28 is ma	TEO	4 Homicide d	could not be etermined	28e. PLACE OF building, a	INJURY -	At hon	ie, farm, stree	t, tactory, o	ffica		CATION (Street a y or Town, State)	and Number or	Rural Rout	number,
単 22 年	COMPLE			CIAN: To the best of n										id menner as stated.
TO THE HOSPI TO THE FUNER De filed within	TO BE (29b. SIGNATURE AND TITLE Dorda	neh	male	B	N	2		29c. LICENSE	REBMUN		29d. DATE S	IGNED (M	onth, Day, Year)
- 1		30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUSE	E OF DEA	TH (ITEM	27) (Type, Prin	r()						

31. DATE FILED (MONTH, Day, Year)

Maleki, MD

32. REGISTRAR'S SIGNATURE

1.4. K. I. ... Mandage VDD 0 6 4003

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

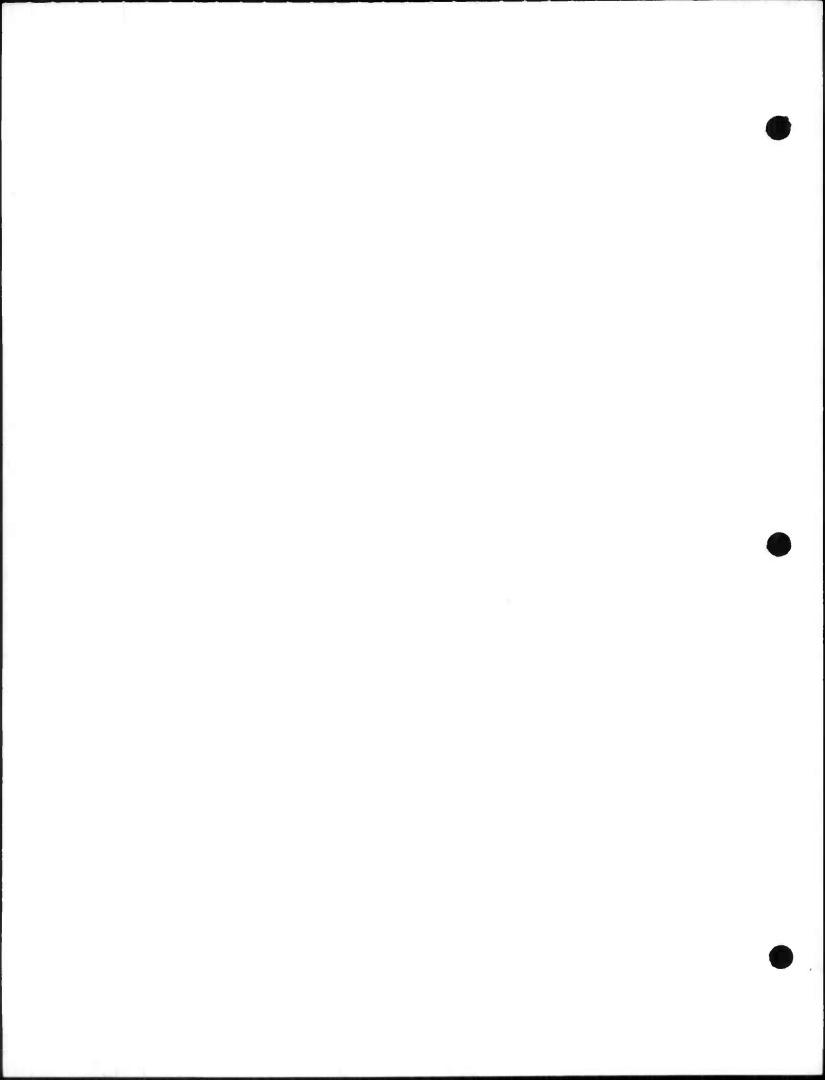
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunlat, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		CERTIFICATE	0	F DEAT	TH		REG	NO

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO	E	
1	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 1		s Parker, Sr.				04- 24-	1993	EAR M
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	212-28-1305	¹ □X ² □ F 61		MONTHS DAYS	HOURS MIN.	08-08-193		Maryland
~	9e. FACILITY NAME (If not institution, give str	reet end number)		9b. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUNTY	
DIRECTOR	2102 Millers Mi.			Cooks			Howa	ard County
2	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
9	Maryland Hov	ward County		Cooksvi				1 TYES 2 NO
FUNERAL				101.	ZIP CODE			OF WHAT COUNTRY?
N.	2102 Millers Mi				21723			S.A.
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	II yes, spe	cify Cuben, Mexica	NIC ORIGIN? (Specify Yee an, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc.
B								Spec/ly: Black
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S L	JSUAL OCCUPATIO)N	16b. KIND OF BUS	INESS/INDUST	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we life, Do NOT use	ork done during mos retired.)	st of working			
₫ L	8		Servic	e Leade:	r	Janito	rial-	School
Ş	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE	Winfield S. Park	ker			Marg	garet V. Do	rsey	
5	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street ar	nd Number or Rural i	Route Number, City or Town	n, State, Zip Co	de)
- 1	Mr. John W. Parke	er, Jr.	2102	Millers	Mill Ro	ad Cooksvi	lle, M	ID 21723
	20a. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Remo	vel from State come	PLACE AND DATE OF	F DISPOSITION (Nat	me of	OATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)	Pa	erker Fan	ully Cem	etery	4/27 Co	oksvil	le, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	/5 /	4	HATCH	D ADDRESS OF FA	L HOME (P.	O Boy	195)
	Olian o	C. Haigh	<i>t</i>			D 21784 (4		
		omplications that daused let only one ceuse on ee	the deeth. Do no	ot enter the mod	de of dying, suc	h ss cerdiec or respi	ratory arrest	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	METASTA		Coc	0~	CANCER		Interval Between Onset and Desth
NOI	disease or condition resulting in death)	DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF		0 N	CANCER		
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	•			on (CANCER		
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	:	0 N	CANCER		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS A	CONSEQUENCE OF	:	0 N	CANCER		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A (CONSEQUENCE OF)	:				Onset and Death
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A (CONSEQUENCE OF)	:			AUTOPSY	Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A (CONSEQUENCE OF)	:		Part 1. 24s. WAS AN.	AUTOPSY MED?	Onset and Death Onset and Death
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A (CONSEQUENCE OF)	:		Part I. 24e. WAS AN. PERFOR	AUTOPSY MED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
4	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST	OUE TO (OR AS A (CONSEQUENCE OF)	the underlying	Ceuse given in	Part I. 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OUE TO (OR AS A O	CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in	the underlying	ceuse given in	Part I. 24e. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO (OR AS A OUE TO (OR AS	CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in	26. PL/	Ceuse given in ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOR 1 YES 2 eck only one)	AUTOPSY MED? X) NO	Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	OUE TO (OR AS A O	CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in	28. PLJ OTHER: 6 Nursing Home OF 28c. INJU	ACE OF DEATH (Cha	Part I. 24e. WAS AN. PERFOR 1 YES 2	AUTOPSY MED? X) NO	Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	OUE TO (OR AS A O DUE TO (OR AS A O Contributing to death but HOSPITAL: 1 Inpatient 2 ER/Outpat 280 OATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in	26. PL/ OTHER: Nursing Home OF 28c. INJU	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN	AUTOPSY MED? X) NO	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NEW YOR NO NEW YOR NEW	OUE TO (OR AS A (DUE TO (OR AS A (contributing to death bu HOSPITAL: 1 Inpatient 2 ER/Outpar	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in At home, lerm, str	26. PL/ OTHER: Nursing Home OF 28c. INJU	ACE OF DEATH (Ch	Part I. 24a. WAS AN PERFOR 1 YES 2 eck only one)	AUTOPSY MED? X) NO	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined	OUE TO (OR AS A (DUE TO (OR AS A (Contributing to death but to the contributing to death but to the contributing to death but to the contributing to death but to the contribution to	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in At home, lemm, str	28. PL/ OTHER: United States United State	ACE OF DEATH (Charles of State Residence DRY AT RES 2 NO	Part I. 24e. WAS AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED? NO IJURY OCCURI	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	OUE TO (OR AS A ODUE TO	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in At home, jerm, str My At home, jerm, str	28. PLJ OTHER: 6 Nursing Home OF 28c. INJU WOF M 1 Y reet, factory, office	ACE OF DEATH (Cho	Part I. 24e. WAS AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	AUTOPSY MED? NO IJURY OCCUR!	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (OR AS A ODUE TO	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in At home, jerm, str My At home, jerm, str	28. PLJ OTHER: 6 Nursing Home OF 28c. INJU WOF M 1 Y reet, factory, office	ACE OF DEATH (Cho	Part I. 24e. WAS AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(e) and man time, date end place, and	AUTOPSY MED? NO IJURY OCCURI	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
D BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFIER 29b. SIONATURE AND TITLE OF CERTIFIER	OUE TO (OR AS A ODUE TO	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in titlent 3 DOA 28b. Time INJU At home, lerm, str (y) At home, lerm, str (y)	28. PL/ OTHER: 6 Nursing Home OF 28c. INJU WOF 1 YI rest, factory, office	ACE OF DEATH (Characteristics) ACE OF DEATH (Characterist) A	Part I. 24e. WAS AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(e) and man time, date end place, and	AUTOPSY MED? NO IJURY OCCURI	Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
TO BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	OUE TO (OR AS A ODUE TO	CONSEQUENCE OF) CONSEQUENCE OF) CONSEQUENCE OF) It not resulting in At home, lerm, str (if) At home, lerm, str (if) Th (iTEM 27) (i)po, f	28. PL/ OTHER: 6 Nursing Home OF 28c. INJU WOF 1 YI rest, factory, office	ACE OF DEATH (Che so so so so so so so so so so so so so	Part I. 24e. WAS AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(e) and man time, date end place, and ABER	AUTOPSY MED? NO IJURY OCCURI The as stated, at due to the ca	Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,



		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		
10)		1. DECEDENT'S NAME (First, Middle, Last) NATHAN	ROLLINS A	.K.A. R	ollings	S	2. DATE OF DEATH	4 1993°	3. TIME OF DEATH 1:20 P M
00		4. SOCIAL SECURITY NUMBER 214-12-9030	1 X M 2 🗆 F	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign arry/4nd
1, 2; 3 should	TOR	90. FACILITY NAME (If not institution, give since JOHNS H	OPKINS HOSP	TIAL		MORE CIT		9c. COUNTY OF BALIT	
Page C	DIRECTOR	10a. STATE 10b. COUNTY	altimore		Rand	allsto	wn		10d. INSIDE CITY LIMITS? 1 YES 2 - NO
020— physician. burial-transit permit.	FUNERAL		iven Ave.	apt. 20	2	2//33		4.	WHAT COUNTRY?
9 gg 9	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 AT YES GIVE WAR OR D	IN U.S. ARMED 2 □NO DATES 3-17-44	If yes, spi	ENDENT OF HISPAN polify Cuban, Mexical 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	Ble	CE — American Indian, ock, White, atc.
0.00	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION	life. Do NOT us	4	N st of working		SINESS/INDUSTRY	
AND the hospital detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Thec	hanic	16. MOTHER'S NAI	ME (First, Middle, Meiden		MENT
2 2 2 K	BE C	Unknown)			Unk	nown		
be retain ge 5 sho	TO.	Brenda Rollins		on 1820	ADDRESS (Street of	1se Rd	King of t	rusya,	Pa. 19406
Fe 6 m		20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	netery, cremetory or ot	her place)	Vet Cen	1/28/ps Du	CATION - City of T	Town, State 14, Md.
ALTIMOR death, Page 6 mi s funeral director, i.		21, SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FAC	Caple F	uneral.	Service
		23. PART I. Enter the diseases, or c	Omplications that cause	d the death. Do n	2654	Mary	land ave	e Balto	Md. 21218
hin 24 hour tely filled in mation, or t, the me		ahock, or heart failure. I	GIR B	leed,		ar aying, saci	Tes Cardiac Of Teaph	Tetory arrest,	Approximate interval Between Onset and Death Ghours
executed and com o burlal, matic ex	NOI	Sequentially list conditions,		A CONSEQUÊNCE OF					
ficate physical ne p	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):				
DS, P.O. the death certi the attending d Mental Hygie injury, or ott		PART II. Other significant conditions		nut and annuiting i	- Ab				
RECORDS w requires that the is been signed by the pt. of Health and M 3 shows any inju	MEDICAL	Sarcoidosis gestive Heart			enal D	S, Con-	PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AL R le law re has bee Dept. 0	AN:	25. WAS CASE REFERRED TO MEDICAL		_	26 Pi	ACE OF DEATH (Che	ork only one)		
F # # # 5	PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	petient 3 DOA	OTHER:	5 Residence			
		27. MANNER OF DEATH 1 Netural 5 Pending Investigation	(Month, Day, Year)	28b. TIME	JRY WOI		28d. DESCRIBE HOW I	NJURY OCCURED	
VISIC NTENDI CTOR: A after d after d	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Special Control of the Contro	/ — Al home, farm, s cify)	treet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
DI AL OR AL DIRE 2 hour 1 item	COMPLE		IAN: To the best of my know						
불물물	8	290. SIGNATURE AND TITLE OF CERTIFIER	I Spin	01 1		29c. LICENSE NUM			D (Month, Day, Year)
₽₽3₹	2	30. NAME AND ADDRESS OF PERSON WHO		-	1 (PKIRS	Hospi	TA1	/93
741		APR 26 1993	32. REGISTRAR'S SIGN		10	TRIP	2 (103)		

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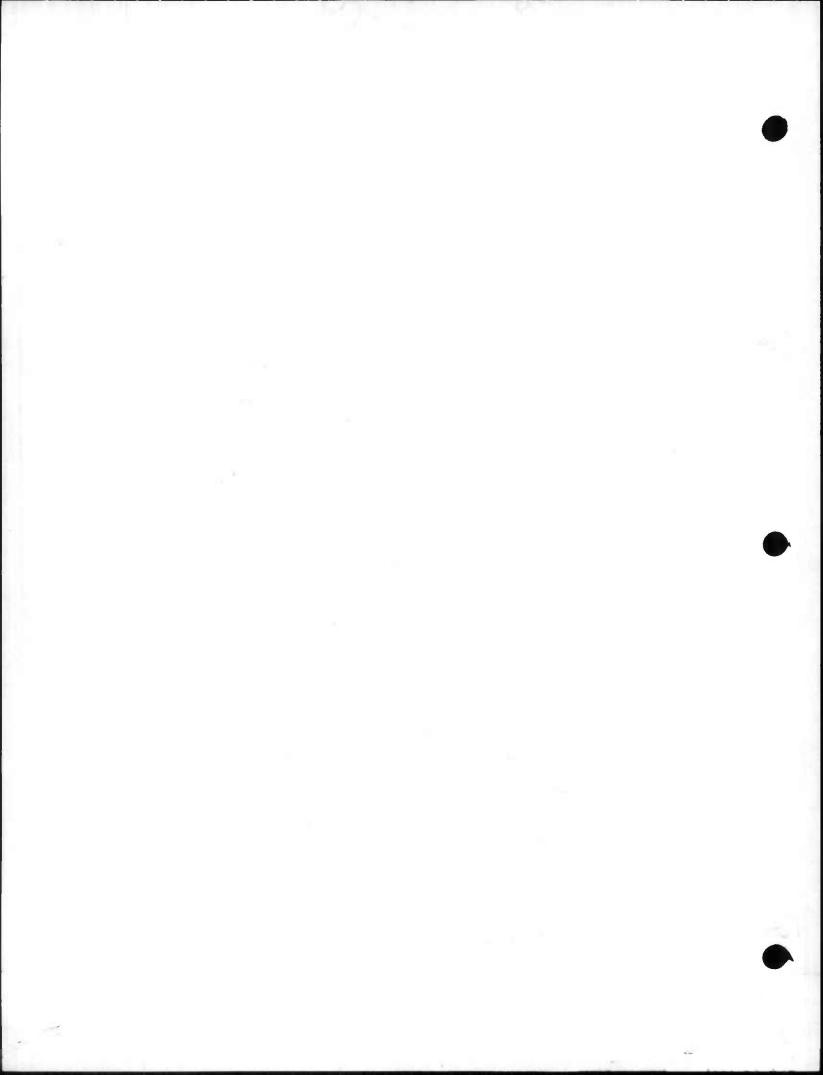
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer index within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTI	ARTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGI REG.		
Contract (0)	1. DECEDENT'S NAME (First, Middle, Last) ATHER	NE F. RATA	JCZAK	2. DATE OF GEATI	18 93	AR 3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 216-01-4680	5. SEX 1 M 2 F 6. AGE (In yrs. lest birthday Yrs.	MONTHS DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Yea	1909	Country) ALD ,
TOR	Se. FACILITY NAME (If not institution, give s CLEEN BAY E) RESIDENCE OF DECEDENT	TENDED CAPE CENTE	96. CITY, TOWN OR LOCATION OF	OEATH	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNT BA	LTO- 10c. c	CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	LENA RD.	101. ZIP CODE 2/22	./	0	S.A.
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 THO Specific	can, Puarto Rican, etc.		RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+) (Give kind of the Do NOT	rs usual occupation of work done during most of working ruse retired.)	16b. KINO OF	BUSINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) ADAM CA	fULTZ		JA KU	Iden Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) MALTE EL	7UTH 120	ING ADDRESS (Street and Number or Run	RD.	BALTO	"- MD. 2122Z
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUMERAL SERVICE IN	oval from State other place)	POSITION (Name of cometery, crematory of	1	BALTO	or Town, State
	· Thomas	- Sparde A.	SKARDA I	EH. 28.	29HU.	DSON ST
	23. PART I. Enter the diseases for shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. Due TO (OR AS A CONSCOUNCE		uch as cerdiac or r	eapiratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A CONSEQUENCE c. DUE TO (OR AS A CONSEQUENCE d.				
PHYSICIAN: MEDICAL CI	PART II. Other algorificant condition Airheime Agrigal	as contributing to death but not result not resulting to death but not resu	ng In the undarlying cause given	PE	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES ZANO	HOSPITAL:	26. PLACE OF OEATH (
PHYS	27. MANNER OF DEATH 1- Netural 5 Pending		A 4-Mursing Home 5 Residence TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO		OW INJURY OCCUR	EO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At home, ferr building, etc. (Specify)		28f. LOCATION (Si City or Town, S	treet and Number or I State)	Rural Route Number,
COMPLETED	one)	ICIAN: To the best of my knowledge, death occ ER: On the bests of exemination and/or investig				suse(a) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	/ cay	29c. LICENSE N	IUMBER 915	29d. OATE S	GNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEATH (TEM 27) (7)	Spo. Print) Donnell ST 13		a MA	21274
	31. DATE FILED (Month, Day, Year)	A 32. RIMISTRAR'S SIGNATURE 12	CANCE. SI	1000		····

	-	Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 27219-0029	14 hours after death. Page 6 may be retained by the horn to a menting on the sen-	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached seems the burds completely filled in by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the how the second of the control o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		MENTAL HYGIE		11010
- 1	1. DECEDENT'S NAME (First, Middle, Last) HAVL(CEK.	STEN	PHEN	/	2. DATE OF DEATH		3. TIME OF DEATH 4:15 PM
	4. SOCIAL SECURITY NUMBER 213-09-3593	1 M M 2 □ F 75	YRS. MO	NTHE DAYS HO	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1917	BIRTHPLACE (State or Foreign Country)
DIRECTOR	90. FACILITY NAME (If not institution, give str Francis Scott & RESIDENCE OF DECEDENT	·	91	Balti		EATH	9c. COUNTY	OF DEATH
3EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
		imore		undalk				1 YES 2 54 NO
FUNERAL	100. STREET AND NUMBER 3309 Dundalk A			1	CODE		10g. CITIZEN	OF WHAT COUNTRY?
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		1222	NIC ORIGIN? (Specify Y		. RACE — American Indian.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, specify		n, Puerto Rican, etc.)		Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	done during most of	working	166. KIND OF B	USINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Brick]					
MO	17. FATHER'S NAME (First, Middle, Lest)				. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)	
BE C	John Havlicek				Mary	Stonck	3	
0	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and A	lumber or Rural i	Route Number, City or To	wn, State, Zip Co	ide)
-	Mary Havlicek					Baltimo		
	20a, METHOD OF DISPOSITION 1	rval from State ceme	PLACE AND DATE OF D stery, crematory or other	place)	of			y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		Meadowri	22, NAME AND A		CILITY	Baltim	
	· (ft	Connol	Vers .		-			Dundalk
	23. PART I. Enter the diseases, or co	omplications that caused	the deeth. Do not	enter the mode	of dying, suc	h aa cardiac or ree	piratory arrest	
	IMMEDIATE CAUSE (Final	List only one cause on ea		wre				Interval Between Onset and Death
		DUE TO (OR AS A	CONSEQUENCE OF):					
ō.	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
CEF								
MEDICAL	PART II. Other algnificant conditions	HF R	et not resulting in t	he underlying ce	RCIE	Part I. 24s. WAS A PERFO	PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä								18 18 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	0	28. PLACE	OF DEATH (Ch	eck only one)		
IYSI	1 TYES 2 TYNO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	itient 3 🗆 DOA 4	Nursing Home 5		6 Other (Specify)		
	1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK?	AT 2 □ NO	28d. OEŞCRIBE HOW	INJURY OCCUR	:ED
ЭВУ	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	- At home, farm, stree		1	281. LOCATION (Street	end Number or	Rural Route Number,
TE	4 Homicide determined	building, atc. (Specia	1y)			City or Town, State	9)	
COMPLETED		IAN: To the bast of my knowle I: On the basis of examination						ause(e) end menner ee stated.
w	29b. SIGNATURE AND TITLE OF CERTIFIER	a 17.		29	c. LICENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO B	David L. Steves				DYY	192	D 4	123/93
	David LSTE	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	71)		L.		
	"APR"26 1993	22. PERISTRAR'S SIGNA	TURE nder					





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The law instances that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	- After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1		marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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5	A	fter death with the State Dept. of Health and Mental Hygiene prior to buri	88
71	9	9	00
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A.	7	5	1
2	ER	e filed within 72	MPORTANT: If Item 28 is may
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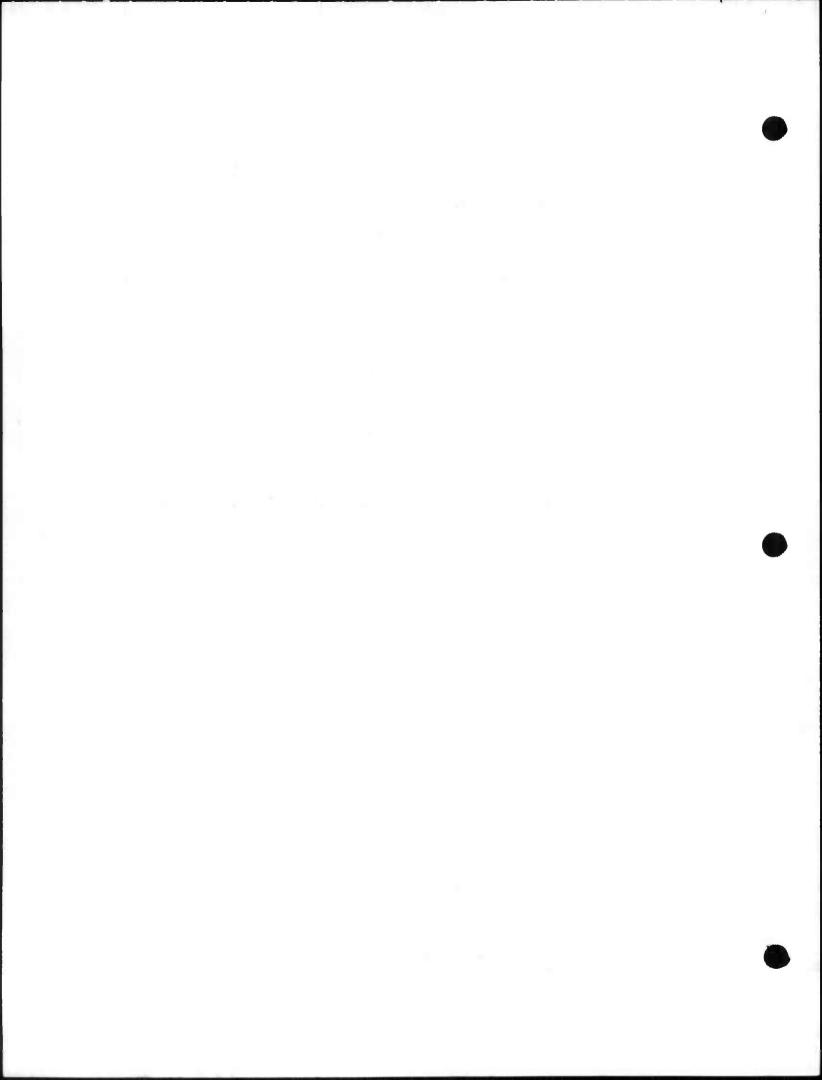
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 04 224 3. TIME OF DEATH 7:52 P HELEN **SAUNDERS** 1993 AR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 220-05-5407 DAYS 1 - M 2XXF 84 11-08-08 MD 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE BALTIMORE CITY 10a. STATE 10h COUNTY 10c. CITY, YOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 X YES 2 | NO FUNERAL 104 STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1707 N. Chapel 21213 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married ΒY 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest ementary/Secondary (0-12) College (1-4 or 5+) 6th Domestic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Fred Jackson Willie BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1707 N. Chapel St./Baltimore, MD 21213 Bessie Williams 20a. METHOD OF DISPOSITION
1√□ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Baltimore Cemetery Baltimore, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H./1101 E. NORTH AVE. 23. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert feilure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finsi Onset and Death disease or condition ttherosclenotic resulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMULABLE PRIOR TO COMPLETION OF CAUSE 1 TES NO Congestive 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TYES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending 1 YES 2 NO ΒY 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 1 🗌 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) M D H 23 6. 3 0 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Morith, Day, Year)

APR 2 6 1993



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attacking to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

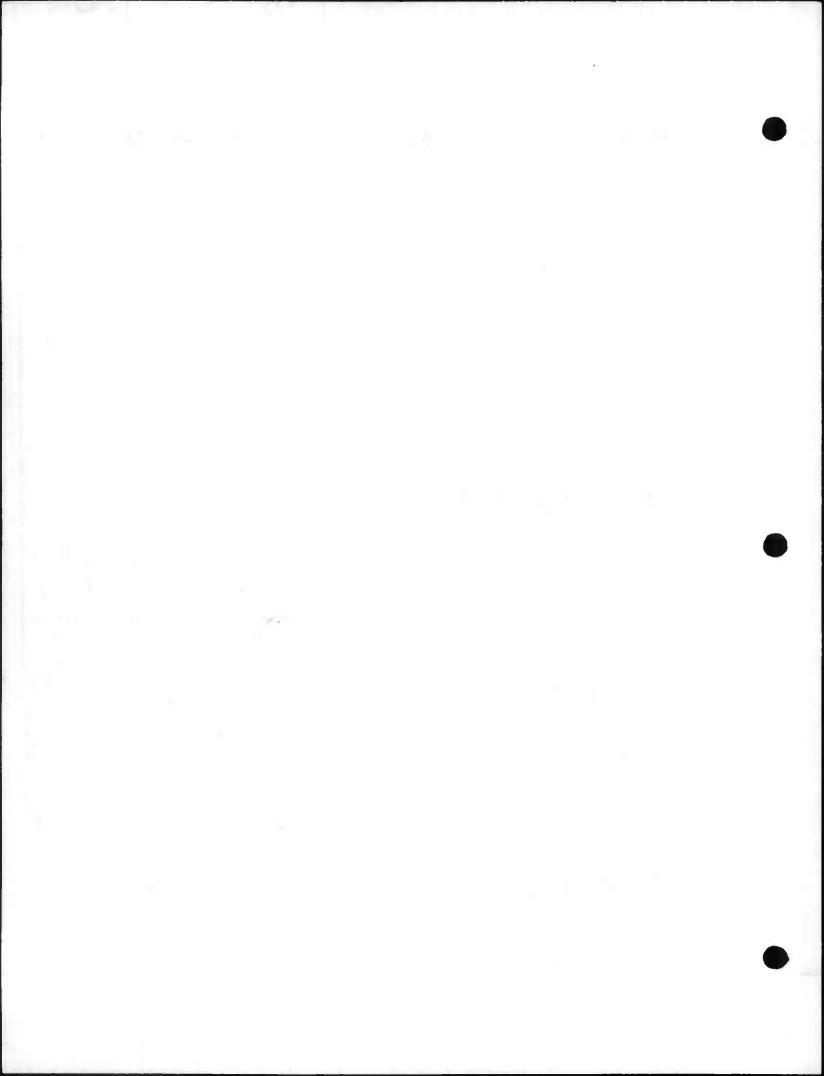
insit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE

_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Lester M.	Stoneb	raker			2. DATE OF DEATH MONTH DA	YEAR 43	3. TIME OF DEATH 9:10 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIPT	THPLACE (State or Foreign
- 38	218-22-4755	1 1 M 2 □ F 6	6 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 25, 1	Q27 D	
	9s. FACILITY NAME (If not institution, give st			9h CITY TOWN	OR LOCATION OF DE		927 Pa	
œ							JC. COUNTY OF	DEATH
2	FRANCIS SCOTT	KEY MEDIC	AL CTR.	BALTI	MORE			
DIRECTOR	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN OR LOCA	TION		_	10d. INSIDE CITY
E	MD.							LIMITS?
	10e. STREET AND NUMBER		B	ALTIMOR				1 X YES 2 NO
₹				10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	3523 ESTHER.	PLACE			21	224	USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes	or No- 14. RAI	CE - American Indian, ck, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF		1 TYES	2 NO Specify	n, Puerto Rican, etc.)	10.00	offy:
	3 Widowed 4 Divorced	WW II					W	nite
	15, DECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT L	work done during mo use retired.)	st or working			
릴	8th		MERCH	ANT SEA	MAN	SHIPP	TNG	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	=110	
	UNKNOWN	STON	EBRAKER		Contract to the contract to th			
띪	19a. INFORMANT'S NAME (Type/Print)	DION		ADDRESS /Street		NOWN Route Number, City or Tow.	- Cont. 20 O. del	
2	The second of th	IZ TO D						
	PEARL STONEBRA					LTIMORE,		
	20a. METHOD OF DISPOSITION 1 X Burisi 2 Cremation 3 Remo		20b. PLACE AND DATE cemetery, crematory or	other place)		1	CATION — City or 1	iown, State
	4 Donation 5 Other (Specify)		PARKWOOL	D CEMET			LTIMORI	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	,	22. NAME A	D ADDRESS OF FA	BER FUNE	RAT. HON	/F
	1 dd = 11	1 min				TER ST.		
	23. PART I. Enter the diseeses, or c	omplications that cau	sed the death. Do					
	shock, or heart felluse. I	ist only one ceuse of	n aach line.	mot officer the mic	de or dying, such	as calcined of Teepi	natory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	1/ 1	,					Onset and Death
	resulting in death)	. ITYPOX	remia					6 hours
	24	BUE TO (OR A	S A CONSEQUENCE		0 1			. 1
Z	Sequentially list conditions.	. Kespi	ratory	muscle	- fatte	que pulmonar		(day
CERTIFICATION	if any, leading to immediate	OUE TO OR A	S A CONSEQUÊNCE C	OF):	1 1	,	1	
2	CAUSE (Disease or injury	Sever	e chro	mre ob:	tractive	Dulmonar	y dise	use years
E	that initiated events	DUE TO (OR A	S A CONSEQUENCE O	OF):				/
8	resulting in death) LAST							
	PART II. Other significent conditions	a contribution to deat	h hud mad madella	In the conduct to				
EDICAL		/	n but not resulting	in the underlyin	g ceuse given in	Part I. 24a, WAS AN PERFOR		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă	cor pulm	Onale				1 _ YES 2	NO	OF DEATH?
뿔	V						9	1 - YES 2 NO
PHYSICIAN: M								4
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PI	ACE OF DEATH (Che	ack only one)		
S	1 VES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	e 5 🗆 Residence	8 Cher (Specify)		
主	27. MANNER OF DEATH	28s. DATE OF INJUI	RY 28b. TIR	ME OF 28c, INJ		28d. DESCRIBE HOW I	NJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Yea	ir) IN	JURY WO	PRK7			
à	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF INJU	JRY — At home, farm,			28f. LOCATION (Street s	and Mumber or Church	Doub Mumber
COMPLETED	4 Homicide B Could not be	building, etc. (5	Specify)	activity, office	•	City or Town, State)	and Number of Number	node Namous,
iii								
릴		ZIAN: To the best of my kr	nowledge, death occur	red at the time, date	and place, end due	to the cause(s) and man	nner as stated.	
8	one) 2 MEDICAL EXAMINER	R: On the basis of examina	ition and/or investigati	on, in my opinion, d	leath occured at the	time, dats end place, sn	d due to the cause	(s) and menner as stated.
	29h. SIGNATURE AND THE OF CERTIFIER			+	29c. LICENSE NUM	MER	294 DATE SIGNE	O (Month, Day, Year)
8	Much (K.	81.01	2 That C +	2000. 41	חוו מ	()	D 4/25	60
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLER OF	OFATH (ITEM 27) (7-	Print)	116	064	1/27/	43
	0 11 0 1				1	1.		- 0 0 11
	SHELDON H. GOTTLE 31. DATE FILEO (Month, Day, Year)		4170 8	HOLEBYI	TAR BI	termine.	un	21224
	APK 20 1393	32. REGISTRAR'S S	ander					



31. DATE FILED (Month, Day, Year)

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A Mincle 10

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physici	y the funeral director, page 5 should be detached for use as the burial-inoval.	cal examiner must be notified at once.
60,	within 2+ nours	mpletely filled in cremation, or re	ivent, the med
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						93	1,1822			
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
Į,	1. DECEDENT'S NAME (First, Middle, Last) Anna Sex	va			2. DATE OF DEATH	rg }	3. TIME OF DEATH PM			
	4. SOCIAL SECURITY NUMBER 215-30=3850	5. SEX 8, AGE (In yrs. last	t birthday) IF UNDE YRS. MONTHS	R 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (MONTH JONE, New)	28	BIRTHPLACE (State or Foreign Country)			
OR	9a. FACILITY NAME (II not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Deater pectally Hospitals Home Baltonive N.A. 21230									
DIRECTOR	TRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10									
	10e. STREET AND NUMBER	1 -	BAU	101, ZIP CODE		10g. CITIZEI	1 YES 2 NO			
FUNERAL	GIS CHAR	12. WAS DECEDENT EVER IN U.S. AR	MEG 13.	2/23	O NIC ORIGIN? (Specify Ve	0 .	S. A. RACE — American Indian,			
ВУ	1 New Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 14	6	If yes, specify Cuberi, Mexic 1 ☐ YES 2 ☑ NO Speci	an, Puerto Rican, etc.)		Specify: Willy te			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementarry/Secondagy_(#12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									
OMPI	17. FATHER'S NAME (First, Middle, Lest)) ISABL	ED 18. MOTHER'S N.	AME (First, Middle, Majde	Sumame)				
BE	190. INFORMANT'S NAME (IV) OF PRINT	UNKNOWN								
5	LAW OFFICES ARTHUR DRAGER 5 LIGHT ST. BAYO. MD. 21202									
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State centerry cre	matory or other place	SITION (Name of	DATE 200. LI	12293 BALTO-CO. MO				
8	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Abouts 1. Abouts 1. SKARDA FH 2829 HUDSON ST. 21224									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Demention									
Z	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions. b. Schrispinsk									
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.									
RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):							
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PROPINGS PERFORMED? AMALABLE PRIOR TO									
MEDICAL	DIXBETEI MEUI	Dizbetes Mellitus.								
	25. WAS CASE DEFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
PHYSICIAN:	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Direction: 3 DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)									
ву РЕ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	SCRIBE HOW INJURY OCCURED				
ETED (3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.									
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MIGHT), Day, Y									
6	JOYC ALLEN	COMPLETED CAUSE OF DEATH (ITEM	A D.D. (Terro Delet)	D198	38	1 4/	20/93			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHARLES (SILL AMONTH), Day, Your)

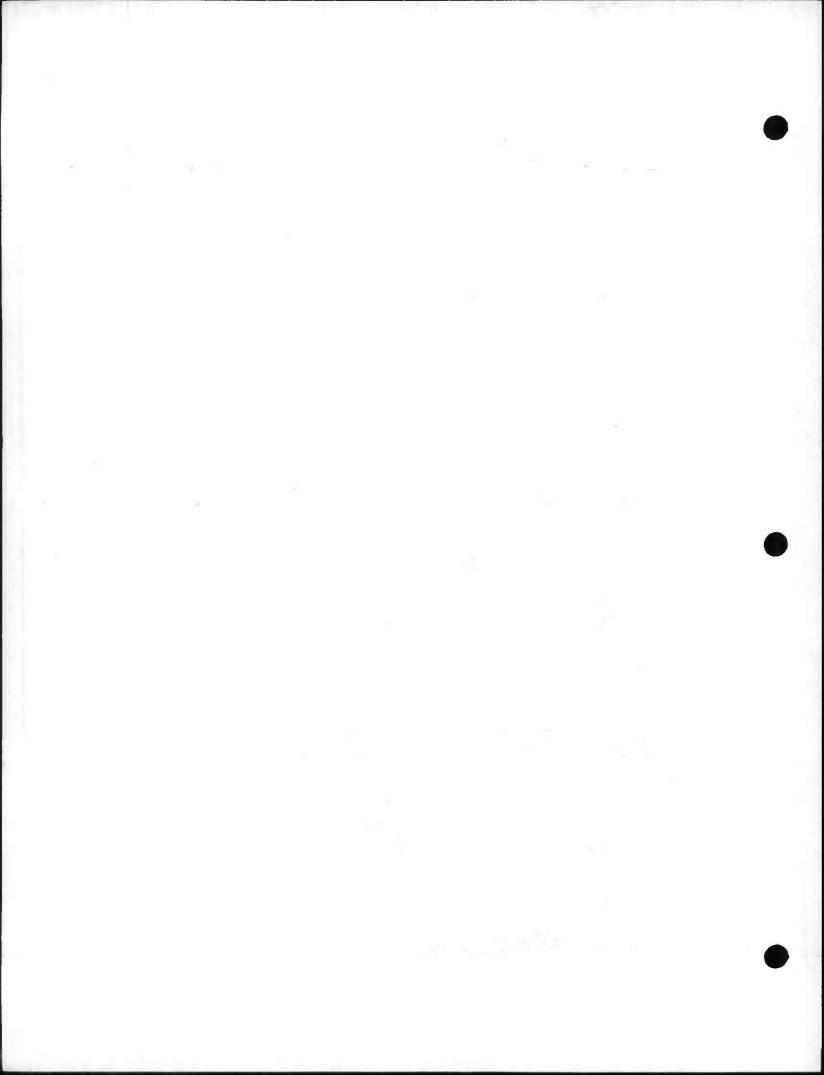
ADD C. 1000

611 J. Charles H. Ba Hurrore,

2, 3 should

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, ion, or removal.	the medical examiner must be notified at once.
OVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPING OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNE WELDER. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			ENTAL HYGIEN		11020	
1	1. DECEDENT'S NAME (First, Middle, Lest) EVAN	J. THOMAS				2. DATE OF DEATH APRIL 21 DAY 1993EAR 4:40 A			
	4. SOCIAL SECURITY NUMBER 179-03-5595A	179-03-5595A 18 M 2 F 82 YRS. MONTHS DAYS HOURS MIN. SEPT				7. DATE OF BIRTH (Month, pay, Mari) SEPT. 13, 1	13,1910 s. BIRTHPLACE (State or Foreign		
TOR	9a. FACILITY NAME (If not institution, give s 19108 OLNEY MI) RESIDENCE OF DECEDENT		·	9b. CITY, TOWN OR LOCATION OF DE OLNEY			Sc. COUNTY OF DEATH MONTGOMERY		
DIRECTOR	MD . 10b. COUNT	10c. CITY, 1	10c. CITY, TOWN OR LOCATION OLNEY			10d.			
FUNERAL	19108 OLNEY MIL	10f. ZIP CODE 20832				10g. CITIZEN (USA		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D WWII	S 2 NO If yes, specify Cuban, Mexica				RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of work done during most of workling to the policy of the pol			166. KIND OF BUSINESS/INDUSTRY			
JMPL	12 17. FATHER'S NAME (First, Middle, Last)	4	ACCOUNTANT			ACCOUNTANT FIRMS			
BE CC	DAVID THOM		18. MOTHER'S NAM			ME (First, Middle, Melden Surname) H HOPKINS			
2	190. INFORMANT'S NAME (Type/Print) RUTH S. THOMAS	}	196. MAILING AS SAME	AS # 10	nd Number or Rural Ro	oute Number, City or Town	n, State, Zip Code)	
	20s. METHOD OF DISPOSITION 1 1 Burisl 2 Cremetton 3 1 Removel from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetary, cremet								
	21. SIGNATURE OF FUNERAL SERVICE LIC		her	22. NAME AN MURIE	L H. BAR	BER FUNER		20882 SVILLE, MD.	
CERTIFICATION	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List pnly one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i						AUTOPSY IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AND THER: 28. PLACE OF DEATH (Check only one) OTHER:								
B	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Society Pending Investigation Society Pending Investigation Society Pending Investigation Society Pending Investigation Society Pending Investigation Society Pending Investigation Society Pending Investigation Society Pending Investigation Pending I								
COMPLETED	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year) 4/21/6/3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF OEATH (ITEM 27) (Typo, Print)								
	1 1/2 11 -	A Davidson Ann	Olorey L	a .	ville Red	P. Oln	oc, Mad	20832	
	mi II ~ 0 1333	Many	WULL.						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for the site burner ment. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-002 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		CE	ERTIFICATE	0	F DEAT	'H		REG	NO

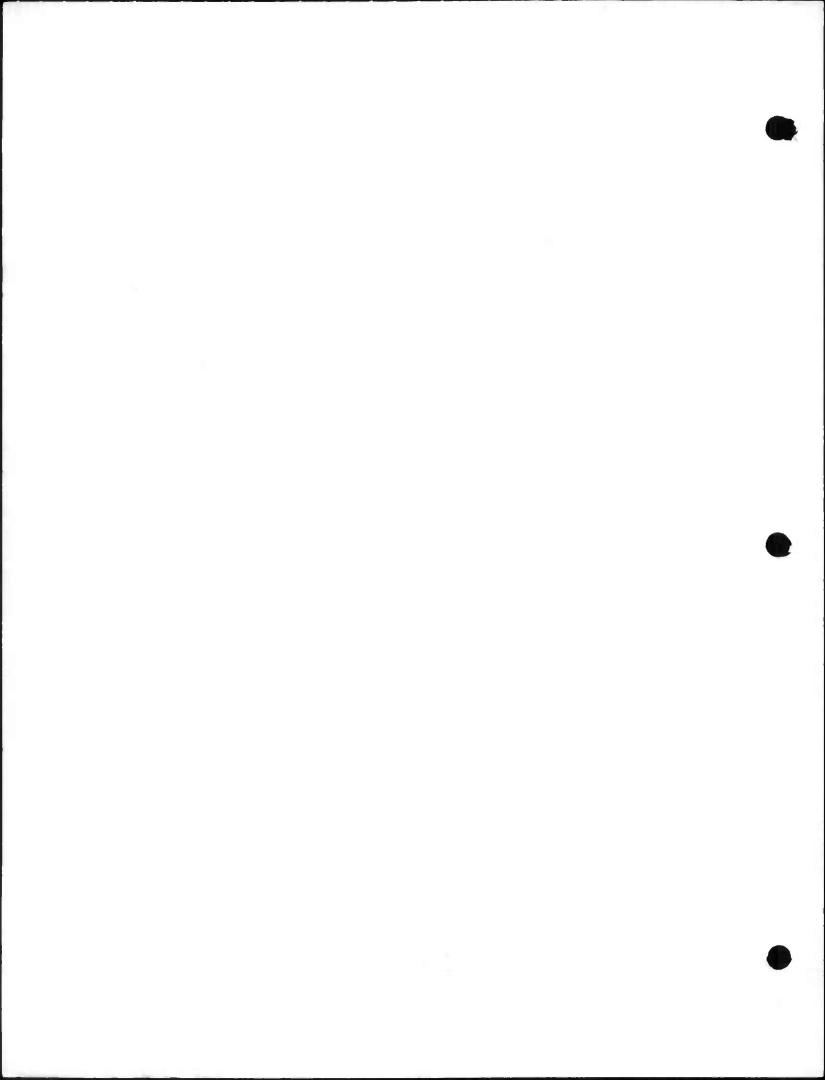
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
1	1. DECEDENT'S NAME (First, Middle, Last)	N. XXXX	TASE			2. DATE OF DEATH	3. TIME OF DEATH A			
OR	3 15 -D9-1708	SEX 6. AGE (In yrs. ia)	yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Mar) 9 8. BIRTI Count		IRTHPLACE (Stee or Foreign puntry)		
	STRACILITY NAME (If not institution, give etreet, and number) 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 10W501 BALTIMOR									
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARY LAND			WN OR LOCATI			10d. INSIDE CITY LIMITS?			
FUNERAL I	100. STREET AND NUMBER 1113 (VEST 42nd S	STRFFT	101. ZIP CODE 21211			1	7	1X YES 2 □ NO DF WHAT COUNTRY?		
BY FUNE		2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF IF YES, GIVE WAR OR DATES	RMED NO	13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	NACE — American Indian, Black, White, etc.			
COMPLETED		npleted) (G	ECEDENT'S USUA	ione during mos red.)			16b. KIND OF BUSINESS/INDUSTRY			
OMP	77H		MANAGE	R	46 MOTUEDIO NAS		RESTURANT			
BE C	UNKNOW	IN					E (First, Middle, Melden Surneme) TTE BOSLEY			
2	19m. INFORMANT'S NAME (Type/Print) SHARON FRANK	19				Oute Number, City or Town				
		The west tend street, breto, Mr. 21211								
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS	LUKKA	INE PAI	CK CEME 27. NAME AN	PAPOBESS DE EAC	78/93 BAL TIR. FUNE	TIMORE.	MARYLAND		
- 4	· a Glan	- Seit h		3818 1	ROLAND AL	, JK. FUNE VENUE, BAL	KAL HON TO MI	nt). 21211		
	23. PART 1. Enter the diseases, or come ahock, or heart feliure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plicetions that coursed the det only one cause on each line SEPSIS DUE TO (OR AS A CONSE	eath. Do not e	ntar the mod	de of dying, such	as cardiac or reapi	ratory arreat,	Approximate interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DIA SETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL	PART II. Other aignificant conditions of	ontributing to deeth but not t	reaulting in the	e undarlying	cause given in F	Part i. 24a. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)				
HASI	4 17 4470 4 17 440	OSPITAL: Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY	DOA 4		5 Residence					
BY PI	1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF 10 28c. INJURY AT WORK? 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	eme, farm, street,	factory, office		28f. LOCATION (Street a. City or Town, Stete)	nd Number or Au	rel Route Number,		
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and pleca, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the ilme, data end place, end due to the cause(s) end menner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Morith, Day, Your)									
P 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CERALLOS, M.D ST. JOSEPH HOSPITAC								TOUNGAL ALD		
	31. DATE THE RMOON, DIV. 1993	/32/ REGINTRAN'S SIGNATURE	486	04/1	11031	17,01	2	1204		

Proposition of the state of the

in 24 hours after death. Page 6 may be retained by the hosp	ely filled in by the funeral director, page 5 should be chation, or removal.	, the medical examiner must be notified at o
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN	0.0	11825
- 1	1. DECEDENT'S NAME (First, Middle, Last	•				2. DATE OF DEATH	20	3. TIME OF DEATH
ě	Elwood Glenn	Vance				4/23/9		4:30 A.M.
1 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign
1 3	235-20-9488 A	1 x M 2 □ F 7		ONTHS DAYS	HOURS MIN.	DEC . 26 , 19		Country) EST VIRGINIA
1	9a. FACILITY NAME (If not institution, give		9	b. CITY, TOWN C	R LOCATION OF D	EATH	9c. COUNTY	
DIRECTOR	ST. AGNES HOSPIT	CAL		В.	ALTIMORE			
E C	10a. STATE 10b. COUN	ТҮ	10c. CITY, 1	TOWN OR LOCAT	TON			10d, INSIDE CITY
H	MARYLAND I	BALTIMORE		BAL.	TIMORE			LIMITS?
A P	10s. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	925 IMPERIAL COU	JRT			21227		U. :	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2/2 NO Specif	nn, Puerto Rican, etc.) y:		Specify:
	15. DECEDENT'S ED	HOATON						WHITE
COMPLETED	(Specify only highest grad	de completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina mo.	N st of working	16b. KIND OF BUS	SINESS/INDUST	TRY
P	12TH GRADE	College (1-4 or 5 +)	CHAUFFER	27714		JORGES	AN STEI	FT
O	17. FATHER'S NAME (First, Middle, Last)		OTTO TELE		18. MOTHER'S NA	AME (First, Middle, Meiden		J.D.
BE C	SNOWDEN L. VANCE					LAMBERT	,	
10 B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
🖺	AUDREY ELAINE VA	NCE	925 I	MPERIAI	COURT	- BALTIM O	RE, MD.	21227
	20e. METHOD OF DISPOSITION 1 ← Burlel 2 ☐ Cremation 3 ☐ Rec	movel from State	.PLACE AND DATE OF I	DISPOSITION (Na	me of	DATE 20c. LO	CATION City	or Town, State
	4 de Donation 5 Other (Specify)		CRESTLAWN			14/26 MAI	RRIOTTS	SVILLE
	SI BIONYANDE OF LINGSAT EXEMISES	CENTRAL			D FINED	CIUTY AL HOME INC		
	1 Limil N	Janal His						MD. 21229
	23. PART I. Enter the diseases, or shock, or heart failure	complications that cause. List only one cause on a	d the daeth. Do not	anter tha mo	de of dying, suc	h aa cardisc or reapi	ratory srrest,	Approximate
	IMMEDIATE CAUSE (Final			Carcino	ma of Ur	inary Blad	lder	intarval Between Onset and Death
	disease or condition resulting in death)		arcinomat			,		Months
		DUE TO (OR AS A	CONSEDUENCE OF):					
No I	Sequentially list conditions,	b	CONSEQUENCE OF):					
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A	CONSEQUENCE OF):					
띮	CAUSE (Disease or injury that initiated events	C. DUE TO (DR AS A	CONSEDUENCE OF):					<u> </u>
된	resulting in death) LAST	d,						
	PART ii. Other significent condition	una contribution to death h	ut not secultion in t	be underlying		0.41	T	
CAL	ondition of the condition	ine contributing to deeth b	at not resulting in t	me underlying	cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
9						1 XYES 2	□ NO	OF DEATH?
Σ						-		1 X YES 2 □ ND
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck anly one)		
Sic	EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Unpatient 2 ER/Outs		THER:		8 Other (Specify)		
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c. INJU	JRY AT	28d. DESCRIBE HOW IF	JURY OCCURE	ED
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		RK? ES 2 NO			
	3 Suicide a Could not be	28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stre-	et, factory, office		28f. LOCATION (Street e	nd Number or R	ural Route Number,
ш		-amaning; ates (apost	,,,,			City or Town, State)		
	4 Homicide determined							
PLET	4 Homicide datermined 29e. CERTIFIER (Check only	SICIAN: To the best of my know	ledge, death occurred a	nt the time, data	end place, end due	to the cause(e) end men	ner se stated.	
OMPLET	4 Homicide datermined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my know IER: Dn the basis of examination						use(e) and menner as stated.
E COMPLETED	4 Homicide datermined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ER: Dn the basis of examination				time, date and place, en	due to the ca	use(e) and menner as stated. SNED (Month, Day, Year)
BE	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHY: 2 MEDICAL EXAMIN	ER: Dn the basis of examination			eath occured at the	time, date and place, end	due to the car	
ш	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIONE) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	ER: Dn the basic of examination ER MOZLO HD COMPLETED CAUSE OF DE	and/or Investigation, I	n my opinion, de	29c, LICENSE NUI D08949	time, date and place, end	29d. DATE SIG	SNED (Month, Day, Year) 23/93
BE	29e. CERTIFIER (Check only one) 2 MEDICAL, EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: Dn the basic of examination ER MOZLO HD COMPLETED CAUSE OF DE	ATH (FEM 27) (Type, Princes Hospit	n my opinion, de	29c, LICENSE NUI D08949	time, date and place, end	29d. DATE SIG	SNED (Month, Day, Year) 23/93

DHMH-18 Rev 1/89



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train permy Project 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

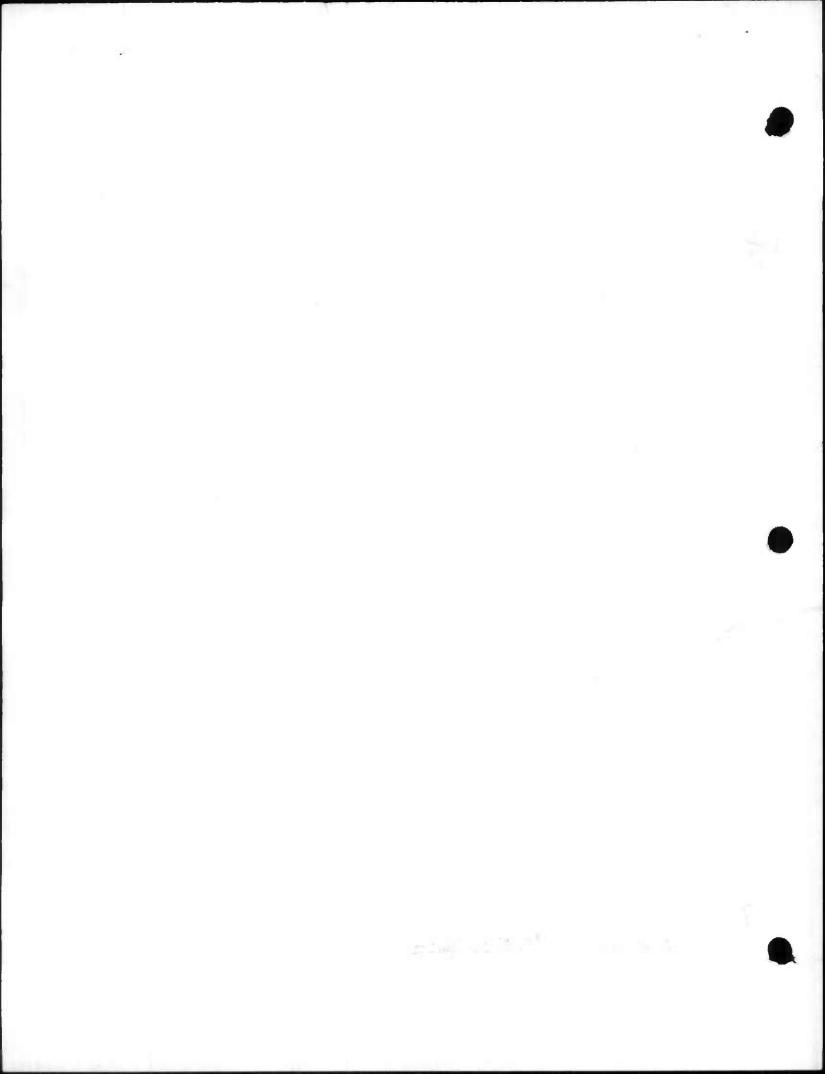
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

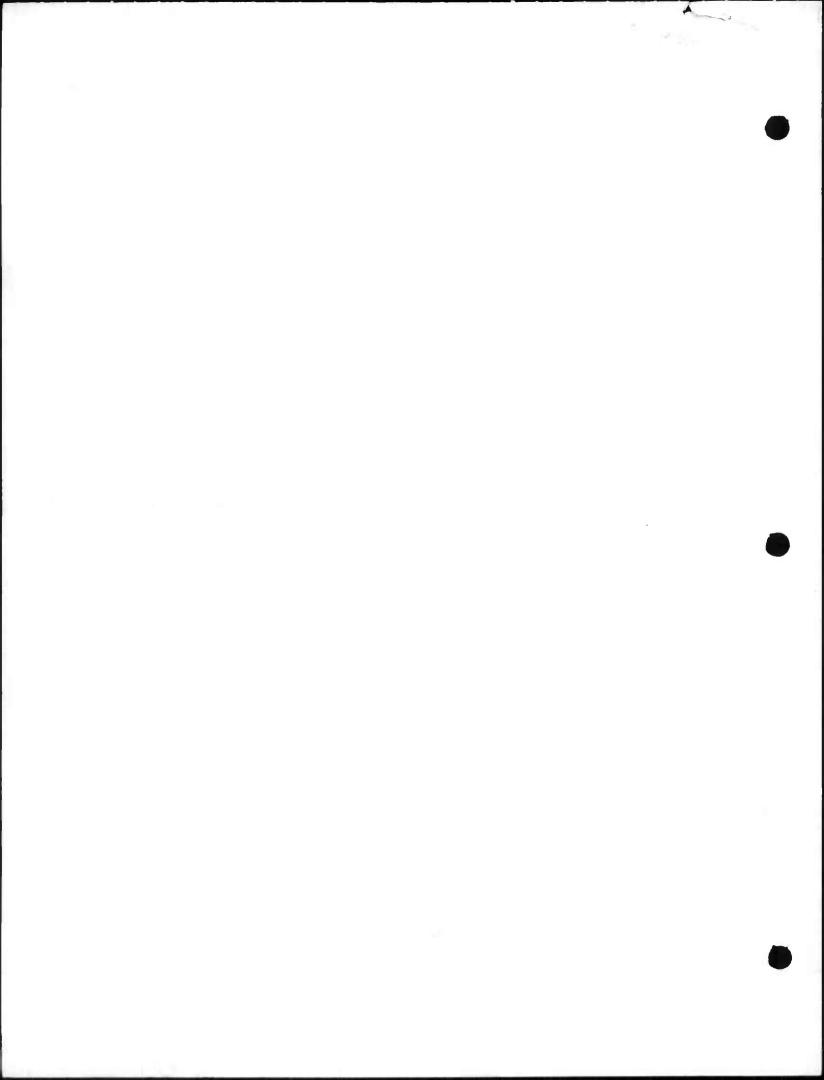
FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFI	CATE O	F DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	FRANKLIN ANDREW	UHTTE			MONTH APRIL 22				100	YEAR	10:30 A M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest i	histoland	IF UNDER 1 YEAR	IF UNDER 24 HRS.			, 195		
		5 JAM 2 □ F			MONTHS DAYS		7. DATE OF (Month, De	ny, Ybar)		B. BIRTHI Country	PLACE (State or Foreign
	216-18-9785		67	YRS.			1-3	0-19	326 l	Mar	yland
	9a. FACILITY NAME (If not institution, give a	reet and number)			9b. CITY, TOW	OR LOCATION OF D	EATH		9c. COU	NTY OF DE	EATH
8	LOT 47 SEASIDEVIE	W CAMP GI	SUIIND	- 1	RIDG	F.			СТ	MAR	VIC
5	LOT 47 SEASIDEVIE		KOOND		KIDO.				51.	TIM	11 5
2	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	CATION					10d. INSIDE CITY LIMITS?
LOT 47 SEASIDEVIEW CAMP GROUND RIDGE ST. MA RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION MARYLAND BALTIMORE									1 YES 2 NO		
	10e. STREET AND NUMBER					101. ZIP CODE			10a. CITI		HAT COUNTRY?
3	6101 HAMILTON AVE	MILE				21237			2007		STATES
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	FVFD 11110 5011		1						
교	1 Never Married 2 Narried	FORCES? 1			13. WAS D	ECENDENT OF HISPA specify Cuben, Maxic	NIC ORIGIN? (S an, Puerto Rica	ipecify Yes n, etc.)	or No-	14. RACE Black,	- American Indian, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES		1 🗆 Y	ES 2 ME NO Speci	fy:		- 1	Specify	White
											MILLE
	15. DECEDENT'S EDUC (Specify only highest grade		(Give	kind of wo	ISUAL OCCUPA ork done during :	TION most of working	16b. KII	ID OF BUS	INESS/IND	USTRY	
W	Elementary/Secondary (0-12)	College (1-4 or 8 +)	Me. C	lo NOT use	retired.)						7
8	9th			Brok	cer		R	ealt	or		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NA	AME (First, Midd	le, Maiden	Surname)		
1	Paul White					Ма	rgare	t C	Mir	onic	· L
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAIL ING	ADDRESS /Street	t and Number or Rural					
2	Delores White					ton Ave					24007
	One METHOD OF DISCOSITION							7			
	20a. METHOD OF DISPOSITION 1	oval from Stata	cometery, cremi	atory or oth			DATE			City or Tow	
	4 ☐ Donation # 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Metro	Cre	mator	У	4/23	Ba	ltir	nore	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	00			AND ADDRESS OF FA					
	· (of +	(000)	no VV	1_	2440	elly Fu	neral	Hom	e of	" Uu	ndalk
	23. PART I. Enter the diseases, or o	omplications that	coursed the deal	Do no	1/110	Soller	S Pt.	Hd.	Dur	ndal	
	ahock, or heart fellura.	List only one caus	e on each line.		At control title in	lode of dying, suc	on all cerulec	or reapi	atory arr	pat,	Approximata interval Batween
- 1	iMMEDIATE CAUSE (Final disease or condition	2				•					Onset and Death
	resulting in death)	RIL	1461e	. M.	YOCA	Rd.AL	INFI	REC	CTION		
	resulting in death) a. Probable Myocardal Infarction — Due to (or as a consequence of)										
Z	Sequentially list conditions.										
Ĕ	If any, leading to immediate	DUE TO (C	OR AS A CONSEOU	ENCE OF)	:						
2	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events	DUE TO (C	R AS A CONSEOU	ENCE OF)	•						
CERTIFICATION	resulting in death) LAST	l									
	PART II Other classificant condition										
EDICAL	PART ii. Other algnificant condition	contributing to a	eath but not rea	uiting in	the underly	ng ceuse given in	Part i. 24	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
용Ⅱ							1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
											1 YES 2 NO
-							_				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF OEATH (C)	neck only one)				
잃내	EXAMINER?	HOSPITAL:	5910		OTHER:		1 .	-	-		. D
¥∥	27. MANNER OF DEATH	28e. DATE OF II		26b. TIME		NJURY AT	6 Other (Sp			por	2-13ARK
4	1 Netural 5 Pending	(Month, Day		INJU	RY V	VORK?	28d. DESCRI	BE HOW IN	JURY OCC	UREO	
BY	2/ Accident Investigation					YES 2 NO					
	3 Suicide 6 Could not be	26a. PLACE OF building, et	INJURY - At home c. (Specify)	, lerm, sti	reet, factory, of	ice	261. LOCATIO	N (Street a	nd Number	or Rural Ro	oute Number,
H	4 Homicide determined							,			
ا څ	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the beat of m	v knowledge, deati	occurred	at the time, de	te and piece, and due	to the cause(s) and man		ad	
ΣI											and manner as stated.
COMPLETED		4	and the	- mystroll	my opinion,	Committee of the	mine, data and	piece, and	dua to the	1 cense(s)	and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	< _/				29c. LICENSE NUI	MBER		29d. DATE	SIGNED ((Month, Day, Year)
2	1/	my.	Own			D 14285			> 4	4-2	2-93.
F	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM :	27) (Type, F	Print)						
	WILLIAM D. BOYD.	II M.D.	17	विवया	ERSON 9	STREET, L	FONADA	TOLINI	MAD	VIAN	D 20650
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	1272011	TIOON !	JIKEEL, L	LUNARD	TOWN	TIAK	LLAN	ע בטסטט
	APR 26 1993	1 Sig Spille	- Banda M	•							



		1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93 11827							
		1. DECEDENT'S NAME (First, Middle, Last) VIVIAN WALSH	2. DATE OF DEATH MONTH DAY $4-18-93$	YEAR 3. TIME OF DEATH							
nuld		$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	7. DATE OF BIRTH (Month, Day, Year) 12-26-26	BIRTHPLACE (State or Foreign Country) M D							
pural-transit permit. Pages 1, 2, 3 should	СТОВ	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH Baltimore 90. COUNTY OF DEATH									
mit. Pages	DIRE	106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION Baltimore		10d. INSIDE CITY LIMITS? 1 X YES 2 NO							
transit per	FUNERAL	1102 DRUID HILL AVE. Apt. 312 21217	US								
	B	11. MARITAL STATUS 1 Never Married 2 Married 1 S Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISP! 14. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15. WAS DECEDENT OF HISP! 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED 18. WAS DECEDENT OF HISP! 19. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.	en, Puerto Rican, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: Black							
for use as the	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDU	USTRY							
be detached for			City Of Ba AME (First, Middle, Meiden Surname) da Chase	ltimore							
5 should notified	TO BE	196. INFORMANT'S NAME (Type/Print) Maurice Chase 1921 Walbrook Av	Route Number, City or Town, State, Zip (
ector, page must be		20a. METHOD OF DISPOSITION 1 Disposition 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DATE OF DISPOSITION (Name of Complete, Granulator, or Pitter Pace) 20b. PLACE AND DATE OF DA	DATE 20c. LOCATION — C								
e funeral dir al. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F									
filled in by ion, or rem he medic		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su abdok, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. TERMIN CARDIATE		Onset and Death							
and com o burial. matic ex	CATION	If any, leading to immediate	DISEASE	3							
ending phy I Hygiene p or other	ERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST C. CIRON (CHYPERTENS) on DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. CIRON (CHYPERTENS) on DUE TO (OR AS A CONSEQUENCE OF):									
en signed by the a of Health and Mem hows any Injury	MEDICAL C	PART II. Other algorificent conditions contributing to death but not reculting in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
ficate has b State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1		`							
mis cert rith the	Y PHY	1	28d. DESCRIBE HOW INJURY OCCU	PREO							
	ETEO B	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,							
AL DIF	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and during the control of the destination and/or investigation, in my opinion, death occurred at the									
Filed V	TO BE 0	296. SIGNATURE AND TITLE OF CERTIFIED Phy & Ca Ca. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)							
		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) BEN. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) BEN. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)	PAVEN BUD W	10 21239							
		APR 206 1993									

DHMH-16 Rev 1/89



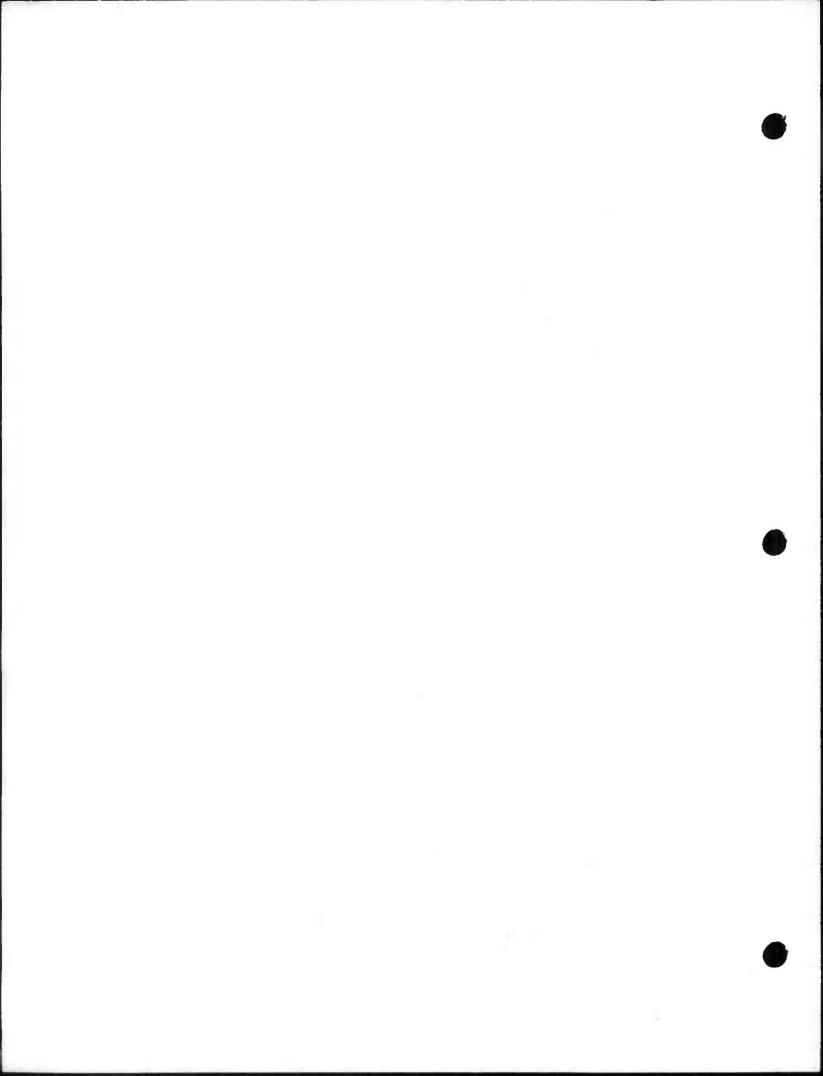
ansit permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Gept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0026

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL				HEALTH AND	MENT	AL HYGIEN REG. NO.		, , , , ,
10	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		3. TIME OF DEATH
12.	EUGENE	WIL					AP	RIL 20,	1993 YEA	4:45 ам
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	n yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	(Mo	E OF BIRTH oth, Day, Year) 9-1921	Co	RTHPLACE (State or Foreign number) ANNING, S.C.
	9e. FACILITY NAME (If not institution, give str	reet and number)	, 1		96. CITY, TOW	OR LOCATION OF		7 1721	9c. COUNTY O	
DIRECTOR	MARYLAND GENERAL H	HOSPITAL			BALTI	MORE CIT	Ϋ́		BALTIM	ORE CITY
l H	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
	MD.					ORE CITY				1 📉 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 2428 REISTERSTOWN	POAD			9	O1. O1	-		1.10	OF WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	IIIS ARM	IED.	12 WAS D	2121 ECENDENT OF HISE		MP) (Casally Van	USA	
	1 Never Married 2 Married	FORCES? 1 YES	2X NC	0	If yes,	specify Cuben, Mexi S 2 NO Spe	Ican, Puerte		18	ACE — American Indian, lack, White, etc.
ВУ	3 Widowed 4 Divorced	ii rea, ore min on or	1123		'''	so z _A j no spe	сну:		BL	ACK
TED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DEC	EDENT'S U	SUAL OCCUPA irk done during i retired.)	TION nost of working	16	Sb. KIND OF BUS	SINESS/INDUSTR	Y
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)						TTA OTS	HOUGE	
OM	17. FATHER'S NAME (First, Middle, Last)		TB	RUCKE	R	18 MOTHER'S	NAME (First	WAKE, Middle, Maiden	HOUSE	
EC	EUGENE WILSON	I				ALICE		ANIEL	Surnamaj	
0	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	DDRESS (Street	and Number or Run			n, State, Zip Code)
5	MARY CLARK		17	708 G	WYNNS	FALL PKY	., BA	ALTIMOR	E, MD.	21217
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo				DISPOSITION		DA		CATION — City o	
	4 Donation 5 Other (Specify)	WI	ESTERI	STAR	er place) CEMETE		i_	CA	TONSVIL	LE, MD.
	21. SIGNATURE, OF FUNERAL SERVICE LICE	12				AND ADDRESS OF EPH H. B		JR. FU	NERAL H	OME, P.A.
	House	- on			_					3; P.O. BOX 4433
	23. PART i. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceuse on each of the course on each of the ceuse of the ceu	ech line.	rory	FAILUR		uch as ca	rdiac or respi	ratory srrest,	Approximats Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST BRONCHOGENIC CARCINOMA Due to (or as a consequence of): TUMOR OF OSSAPHUS C. Due to (or as a consequence of):									
	PART ii. Other significant conditions	Contributing to death b	ut not so	autilaa la	the underly		la Bank I	24e, WAS AN		
MEDICAL	UPPER GASTROINT			suiting in	the underly	ing cause given		1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (Chack only	non)		
SICIAN:		HOSPITAL:	etlant 3		OTHER:	me 5 Residenc				
РНҮ	27. MANNER OF DEATH	26e. DATE OF INJURY	1	26b. TIME	OF 28c. I	JURY AT		* * * * * * * * * * * * * * * * * * * *	NJURY OCCURED)
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJU		/ORK? YES 2 NO				
ETED B	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Special Control of the Contro	— At hom	ne, larm, str	reet, factory, of	ice		CATION (Street a y or Town, State)	and Number or Ru	rel Route Number,
COMPLET		SIAN: To the best of my knowl								se(e) and manner as stated.
	290. SHONATURE AND TITLE OF CERSIFIER	Ont .				29c. LICENSE N	UMBER		29d. DATE SIGI	NED (Month, Day, Year)
8	1)8	36679	_			17/7	53	7	. 10	20.93
유	30. NAME AND ADDRESS OF PERSON WHO		CHANGE CARE							
	DARSHAN S. SALUJA. 31. DATE FILED (Month, Day, Year)	M.D. 1600	W.	iount	f oya1	venue	Bal	timore,	MD 21	.217
	APR 2 6 1993	32. BEGISTRAR'S CLAN	ndell							



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BALTIMORE, MARYLAND 21215-0029

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Edith Lucille					April 1		11:57 P.M	
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign itry)	
	9a. FACILITY NAME (If not institution, give stre			CITY TOWN C	R LOCATION OF DE	10-01-21		ryland	
E E	5801 Hillen Road		"		ore City		9c. COUNTY OF	DEATH	
5	RESIDENCE OF DECEDENT								
E	Maryland 106. COUNTY			OWN OR LOCAT				10d. INSIDE CITY LIMITS?	
7	10e. STREET AND NUMBER		Dari	imore	ZIP CODE		I son CITIZEN OF	1XXYES 2 NO	
FUNERAL DIRECTOR	5801 Hillen Road				1239			S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14, RAC	CE — American Indian, ck, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES		n, Puerto Rican, etc.)	Spe		
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S US	UAL OCCUPATIO	N .	16b. KIND OF BUS	SINESS/INDUSTRY	Diack	
Ta	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	itired)	st of working				
COMPLETED	8 yrs.		Housekeer	per			g Home		
	17. FATHER'S NAME (First, Middle, Last) Stanley		Jackson			ME (First, Middle, Maiden :			
BE	19a. INFORMANT'S NAME (Type/Print)			DD500 (0)	Lilli	an. Route Number, City or Town		Larkens	
2	Harrison Whye					B Baltimor		and 21239	
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Remov	206.	PLACE AND DATE OF D	SPOSITION /Na	me of	DATE 20c LOC	CATION City or T	neur State	
	4 Donation 5 Other (Specify)	G	ceen Mount	Cemet	ery 04/	21/93 Bal	timore,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEI	John D	Roy	22. NAME AN MITC	paddress of FA	defeld Hom	e		
	John G. Reitz		9	6500	York Rd	. Baltimor	e, Maryl	and 21212	
	23. PART I. Enter the diseeses, or con ahock, or heart failure. Li:	mplications that caused st only one cause on at	the deeth. Do not ich iine.	enter the mod	de of dying, suc	h as cardiac or reapie	ratory erreat,	Approximate Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition	Dande		0.4	0	1		Onset and Death	
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF	nary	an				
z	- Metastatia Renal Pararas								
5	If any, leading to immediate								
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO SOTI AS A	CONSEQUENCE OF	tn					
CERTIFICATION	resulting in death) LAST	77							
	PART II. Other aignificant conditions	contributing to death by	et mot sociation in a						
CAL	The state of the s	contributing to death be	at not resulting in t	ne underlying	ceuse given in	PERFORI	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC						1 🗆 YES 2-	X NO	OF DEATH?	
ż								1 TES 2 NO	
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ick only one)			
IXSI		Inpetient 2 ER/Outpe	itient 3 DOA 4			6 Other (Specify)			
	1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	WOF	RY AT RK? ES 2 \(\bar \) NO	28d. OEŞCRIBE HOW IN	JURY OCCUREO		
BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY	- At home, farm, atree		2 10	28f. LOCATION (Street as	nd Number or Rural	Ploute Number	
Ĕ	4 Homicide determined	building, atc. (Speci	fy)			City or Town, State)			
2 1	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSICIA	AN: To the best of my knowle	edge, death occurred a	the time, date :	and place, and due	to the cause(s) and man	ner es stated.		
COMPLETED		On the basis of examination						s) and manner as stated.	
BEC	296. SIGNATURE AND TITLE OF CERTIFIER		5		29c. LICENSE NUM	BER) (Month, Day, Year)	
2	Jayer y	Aller	2 mg	リ			▶ April	20, 1993	
-	JOYCE V GTOSS N				-i N	l a M	3 0444-		
1	Joyce Y. Gross, N	M.D. 20 Cros	sroads Dr	rve, U	ingsmil.	is Maryland	d 21117		
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RECORDS, P.O. BOX 68/60,	w requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending payable.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the complete of	of Health and Mental Hunisha prior to hurial premation or removal
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR MONTH 4.37A ULA WAHMANN 20 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH Jan. 22, 216 46 4026 9CF YRS. DAYS HOURS 1899 MD 1 M 2 F Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. JUSEPH HO DIRECTOR OWSON 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore City 1 2 YES 2 | NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21212 5607 St. Albans Way USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 AND 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES White BY 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION secily only highest grade complete 16b. KINO OF BUSINESS/INOUSTRY (Sp Elementary/Sec dary (0-12) College (1-4 or 5+) Homemaker 17. FATNER'S NAME (First, Middle, Last) Cecil Milton Shatzer once. 18. MOTNER'S NAME (First, Middle, Malden Surname)
Lucinda Gary notified at BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Aputa Number, City or Town, State, Zip Code)
10 Belmullet Ct. Timonium, Md. 21093 2 Mr. Richard M. Zapf Pe 20e. METHOD OF DISPOSITION
1 ◯ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION — City or Town, State Druid Ridge Cem. 4 Donation 6 Other (Specify) 4/23 Baltimore, Md. examiner 22. NAME AND ADDRESS OF FACILITY FELD HOME MITCHELL /U C. Sherman Denny, UM00145 event, the medical 23. PART I. Enter the disesses, or complications that caused the dasth. Do not anter tha mode of dying, such as cardiac or reapiratory arrest, Approximate shock, or haert failura. List only ona ceuse on each lina. interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): shows any injury, or other traumatic CERTIFICATION Sequantisliy list conditions, If sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 [YES 2 [NO PHYSICIAN: Dept 23 DIVISION OF VITAL 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h Hem **EXAMINER?** HOSPITAL: OTHER: HOSPITAL DR ATTENDING PHYSICIAN: " FUNERAL DIRECTOR: After this certifical within 72 hours after death with the Sta 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked, 1. Natural 5 Pending 1 YES 2 NO B 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide CERTIFFIER (Check only one)

CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. item IMPORTANT: II 2 🗌 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and menner as stated. 29g. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, 出土 Mh House STAFF 1)40390 193 120 4 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7620 Yoru - Marian

P. RECISTE AR'S STORATURE

31. OATE FILED (Month, Day, Year) AP18-2-6-19932 sit permit. Pages 1, 2, 3 should

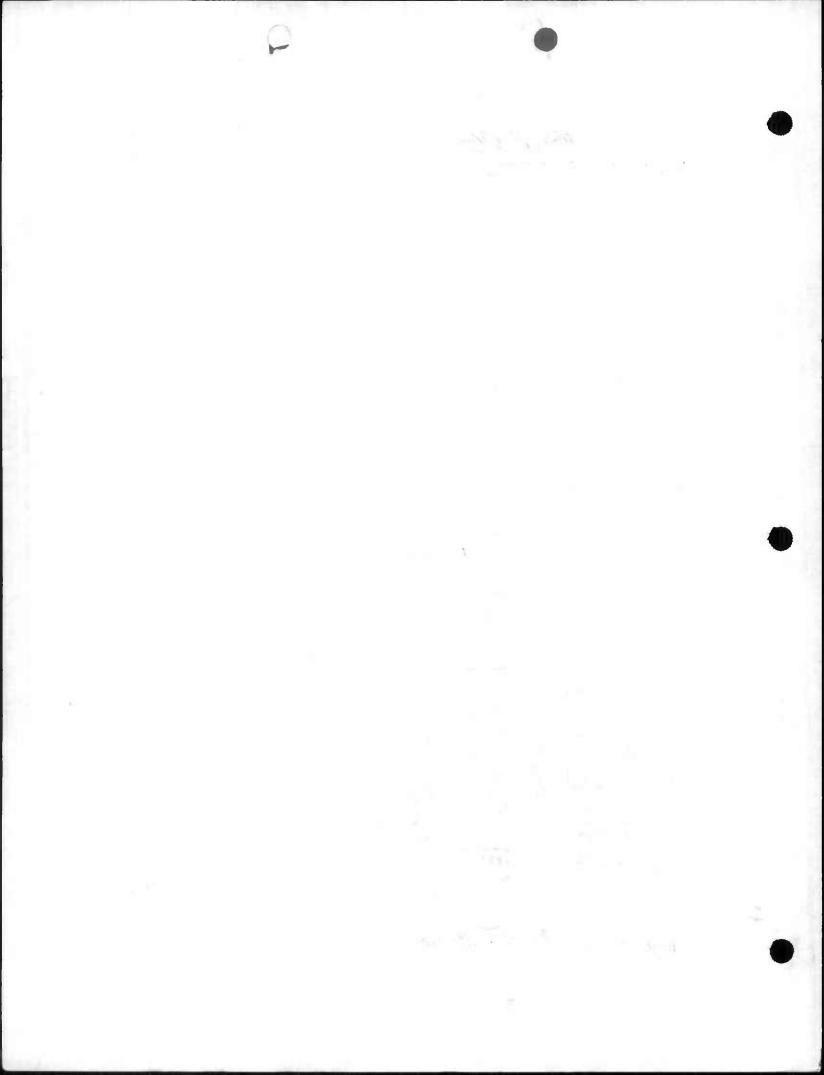
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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O.	DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	Iten
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		IENTAL HYGIEN		3 11831
	1. DECEDENT'S NAME (First, Middle, Last) Emily Weber					2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AG			04 2			
_	212-20-5317	1 DM 2 DKF	E (In yrs. lest birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/28/9	6	BIRTHPLACE (State or Foreign Country) Maryland
	9e. FACILITY NAME (If not institution, give a	treet end number)			OR LOCATION OF DEA		9c. COUNTY	
DIRECTOR	Fairhaven			Sykes	ville		Carr	011
EC	10a. STATE 10b. COUNTY	Y	10c, CIT	Y, TOWN OR LOCAL	TIDN			10d. INSIDE CITY
	4	roll	Sy	kesvil	1e			1 YES 2 ND
FUNERAL	100. STREET AND NUMBER 7200 Third Av	07110			2.1784		10g. CITIZEN	OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED			C ORIGIN? (Specify Yes		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ecify Cuban, Mexican, 2 NO Specify:	Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON and working	16b. KIND OF BUS	INESS/INDUST	
COMPLETED	Elementary/Secondary (0-12) 8 VTS	College (1-4 or 5+)	Iffe. Do NOT us	etary	of or working	Automot	rivo Sı	innl _{sz}
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	E (First, Middle, Meiden :		ippiy
BE C	Anton Wiedem	ann				Heinrich		
2	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		'
	Fairhaven							Md 21784
	20a, METHOD OF DISPOSITION 1 ⊗ Burlel 2 □ Cremation 3 □ Ram- 4 □ Donation 6 □ Other (Specify)	oval from State	ob. PLACE AND DATE OF PULLANEY OF PULLANEY	her lifey (05-10-93	OATE 20c. LOC		or Town, State
	John G. Reitz	ENSEE A DE	Red)	22. NAME AN Mito	onell-Wie	defeld Hon	ne	
	23. PART I. Enter the diseases, pr			6500	York Rd	. Baltimor	ce, Mar	ryland 21212
Z	iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	to C	ailvre				Approximata interval Between Onset and Death immed
CERTIFICATION		advance			years			
ERTIF	that initiated events resulting in death) LAST		A CONSEQUENCE OF	•	5			years
AL C	PART II. Other significant condition	s contributing to deeth	but not resulting i	in the underlying	cause given in P	art I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
AN	25. WAS CASE REFERRED TO MEDICAL			26 PL	ACE OF DEATH (Check	k only one)		
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou	rtpetlent 3 DOA	OTHER:	e 5 Residence 6			
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		E DF 28c. INJ		28d. OESCRIBE HOW IN	JURY OCCURE	ED C
B	2 Accident Investigation	00 PLACE OF 11 11			ES 2 NO			
280 PLACE OF INJURY — At home form street feeten, effice							nd Number or R	ural Route Number,
COMPLETED		CIAN: To the best of my kno						use(s) end manner es stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMB			SNED (Month, Day, Year)
TO BE		ano	? Mu		0344		D 4/	22/93
F	Richmond P				7 Rd.	Elders	ver	MD 21784
	31. DATE FILEO (Month, Day, Year)	JZ. REGISTRAR'S SIG						

DHMH-16 Rev 1/89

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		CATE OF			GIENE	3 11832		
	1. DECEDENT'S NAME (First, Middle, Last)	S Benjami	IN G WILL	.IAMS		2. DATE OF DI		3. TIME OF DEATH 3. 1030 PM		
	4. SOCIAL SECURITY NUMBER 269-40-06-39	5. SEX 8. AGE (II	n yrs. lest birthdey) 47 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	- 4/		BIRTHPLACE (State or Foreign Country) Ohio		
9 8	90. FACILITY NAME (If not institution, give VA Medical Center RESIDENCE OF DECEDENT			96. CITY, TOWN	DR LOCATION OF DI	9c. COUNTY OF DEATH				
DIRECTOR	100. STATE 100. COUNT	N/A	10c, CITY	Haltimo				10d. INSIDE CITY LIMITS? 1 XX YES 2 NO		
FUNERAL	100. STREET AND NUMBER 335 E. 28th Street				ZIP CODE		41.0	OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Merried XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (X)VES IF YES, GIVE WAR OR DA	I U.S. ARMED 2 NO ATES ETNAM	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2) NO Specif	n, Puerto Rican,	ecify Yee or No- 14.	RACE — American Indien, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during me	ON ast of working	I ACCOUNT	of business/indust	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Benjamin E. Will:	,,,,,			Cath	ME (First, Middle, Derine Ho	Meiden Surname) FFMAN			
6	Harold H. Burns Jr		300 Cat	hedral St	reet Balti	more, Ma	ry or Town, State, Zip Co. ryland 21201	Suite 200		
	20e. METHOD OF DISPOSITION XIX Burial 2 Cremation 3 Ref 4 Disposition 5 Cities (500)	moval from State	PLACE AND DATE	Tal Park		4/21	Cumberland	Maryland		
	Dennis Stephen	enende	M00640	6500 \	ork Road B	Mitchell altimore	-Wiedefeld H , Maryland 2	ome 1212		
	23. PART I. Enter the diseases, or shock, or heart feliure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a		. sep		ch se cardiec	or reapiratory arrest	Interval Between Onset end Death		
TION	Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE OF	AID	5			184		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:						
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to deeth b	ut not resulting i	n the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	satient 3 DOA	OTHER:	LACE OF DEATH (C)		nothe)			
	27. MANNER OF DEATH 1.20 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 28c. IN	JURY AT DRK? YES 2 NO		E HOW INJURY OCCUR	ED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)					N (Street end Number or vn, State)	Rural Route Number,		
COMPLETED	one)	SICIAN: To the best of my know						suse(e) and manner so stated.		
BE	29b. SIGNAPURE AND TITLE OF CERTIFI	Z MD			29c. LICENSE NU 34/26	3-1	29d. DATE B	19NED (Month, Day, Year)		
5	30, NAME AND ABORESS OF PERSON W	MD 2 N	ATH (ITEM 27) (Type,	Print)	ret, Mr	212	01			
	APR 26 1993	32. REDISTRAN'B SEN	andell							

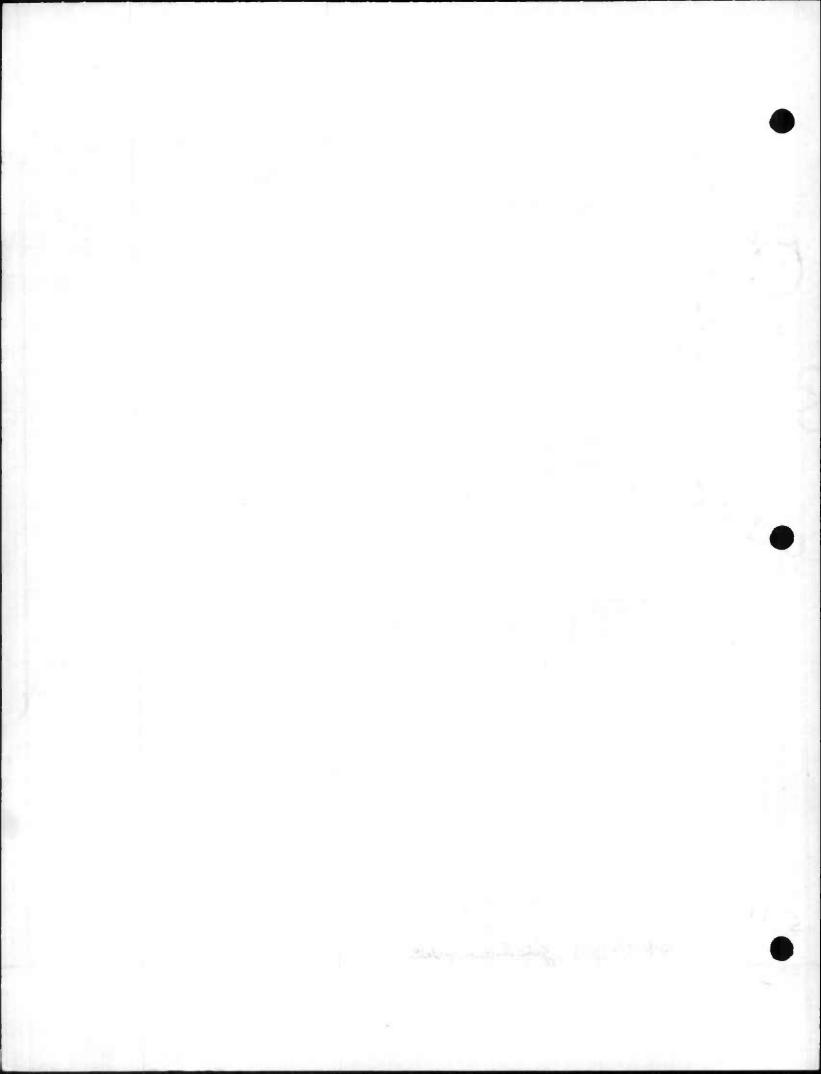


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)
APR 2 6 1993

	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF DEATN
- 17	LOUIS J. YACOVI	SSI, JR.					M.	TH -	DAY	YEAR 9	953
ij	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER		IF UNDER 24		TE OF BIRTH	10	B. BIRTNP	LACE (State or Foreign
	219-42-5134	1 № M 2 🗆 F	48 YRS.	MONTHS	DAYS	HOURS		.7,194	4	MARY	
~	9a. FACILITY NAME (If not institution, give			100		R LOCATION	OF DEATH		9c. COUN	TY OF DE	ATN
HO IS	BALTIMORE V. A.	HOSPITAL		I	BALT	IMORE					
	10a. STATE 10b. COUNT	γ	10c, CIT	Y, TOWN O	R LOCATI	ON				1	10d. INSIDE CITY
	MARYLAND		400			LTIMO)DE				LIMITS?
A.	10s. STREET AND NUMBER					ZIP CODE	JRE		10g. CITIZEN OF WHAT COUNTRY?		
	2629 WEGWORTH L	ANE					21230			U.S	
TONER	11. MARITAL STATUS	12. WAS DECEDENT EVEL	R IN U.S. ARMED	13. 1	MAS DECE	NDENT OF	NISPANIC OR	IGIN? (Specify Y	es or No—	4. RACE -	- American Indian
	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TY YE	DATES			cify Cuben, I 2 □XNO		rto Rican, etc.)		Specify:	White, etc.
	B		IETNAM								WHITE
	15. DECEDENT'S EDU (Specify only highest grad	ICATION e completed)	18e. DECEDENT'S (Give kind of life. Do NOT us	USUAL OC	CUPATION during mos	N t of working		16b, KIND OF BI	USINESS/INDU	ISTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)						OT 455	/TT = =		
	17. FATHER'S NAME (First, Middle, Last)		CLERIC	AL		40.00			ILLS 1	PHOTO)
COMPL	LOUIS J. YACOVISSI, SR.							st, Middle, Malde	n Sumame)		
	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADD				(0)			RHYNER			
2	MR & MRS LOUIS	J. YACOVISSI						TIMORE,			
	29a. METHOD OF DISPOSITION			_							
	20a. METHOD OF DISPOSITION 1 Disposition Date D										
	21. SIGNATURE OF FUNERAL SERVICE LI		DINO ORLI			ADDRESS	OF FACILITY	[20] BA	LITMOL	KE.	
	10.6	00	4	HU	BBAR	D FUN	ERAL	HOME IN	IC.		
	Morns t.	Smill		41	07 W	ILKEN	S AVE	NUE-BAL	TIMORE	E, MI	21229
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caus List only one cause on	ed the deeth. Do r	not enter	the mod	le of dying	, such ea c	erdlec or resp	piratory srre	st,	Approximats
	IMMEDIATE CAUSE (Final	Ziot ottiy bite codase off	each mile.								Onset and D
1	disease or condition resulting in death)	· Bac	teremia	۵							
- (1	,	DUE TO (OR AS	A CONSEQUENCE OF	F):							
Ę	Commentally list and lists	a Phen	modica								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							
3	CAUSE (Disesse or Injury	c									
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ጉ :							
Į I	totaling in accus, coo	d									
	PART II. Other significent condition	ns contributing to deeth	but not resulting	n the un	derlying	ceuse giv	en in Part i	24e, WAS AI	N AUTOPSY	24b. W	YERE AUTOPSY FINDI
- 1	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED?							PERFO	RMED?	A	WAILABLE PRIOR TO
N N											
EDICAL											F DEATH?
: MED										1	P PES 2 NO
: MED	25. WAS CASE REFERRED TO MEDICAL				26 04 6	CE OE DEAD	TH (Check and	(and		1	
. MED	EXAMINER?	HOSPITAL:		ОТНЕЯ	:		TH (Check only			1	
MED		1 Inpatient 2 ER/O		4 🗆 Nurs	i; ing Nome	5 🗆 Resid	ence 8 🗆 O	ther (Specify)			
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending		Y 28b. TIM	4 🗆 Nurs	ing Nome 28c. INJU WOR	5 Resid	lence 8 🗆 0		INJURY OCCU		
BI FRISICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation 2 Accident Investigation	1 Inpatient 2 ER/O	Y 28b. TIM	4 Nurs	ing Nome 28c. INJU WOR 1 YE	5 🗆 Resid	28d. I	ther (Specify) DESCRIBE NOW		RED	YES 2 NO
D BI PRISICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Inpatient 2 ER/O	Y 28b. TIM INJ	4 Nurs	ing Nome 28c. INJU WOR 1 YE	5 Resid	28d. I	ther (Specify)	and Number of	RED	YES 2 NO
EIED BY PHYSICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	1 inpatient 2 ER/Os 28s. DATE OF INJUR (Month, Day, Year 28s. PLACE OF INJUR building, stc. (Sc	Y 28b. TiM INJ RY — At home, tarm, a sectly)	4 □ Nura E OF URY M	ing Nome 28c. INJU WOR 1 YE	5 Resid	28d. 28d. 10	ther (Specify) DESCRIBE NOW OCATION (Street	and Number or	RED	YES 2 NO
LEIED OF PRISICIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	1 inpatient 2 ER/On 28a. DATE OF INJUR (Month. Day, Year 28a. PLACE OF INJUR building, stc. (Sy	Y 28b. TIM INJ RY — At home, tarm, a pocify)	4 Nurse FOF URY M	ing Nome 28c. INJU WOR 1 YE Ory, office	5 Resid	28d. I	ther (Specify) DESCRIBE NOW OCATION (Street lift) or Town, State Cause(a) and ma	and Number of	RED r Rural Rou	YES 2 NO
LEIED OF PRISIDIAN: MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	1 inpatient 2 ER/Os 28s. DATE OF INJUR (Month, Day, Year 28s. PLACE OF INJUR building, stc. (Sc	Y 28b. TIM INJ RY — At home, tarm, a pocify)	4 Nurse FOF URY M	ing Nome 28c. INJU WOR 1 YE Ory, office	5 Resid	28d. I	ther (Specify) DESCRIBE NOW OCATION (Street lift) or Town, State Cause(a) and ma	and Number of	RED r Rural Rou	YES 2 NO
MED	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	1 Inpetient 2 ER/Ot 28s. DATE OF INJUR (Month, Day, Year 28s. PLACE OF INJUR building, stc. (Sc ICIAN: To the best of my knot R: On the best of axaminat	Y 28b. TIM INJ RY — At home, tarm, a pocify)	4 Nurse FOF URY M	ing Nome 28c. INJU WOR 1 YE Pry, office The, data a	5 Resid	28d. I	ther (Specify) DESCRIBE NOW OCATION (Street lift) or Town, State Cause(a) and ma	and Number or i) inner as stated and due to the	RED r Rural Rou l. cause(a) a	YES 2 NO

DHMH-16 Rev 1/89



YEAR

1993

908

USA

9c. COUNTY OF DEATH

Montgomery

10g, CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

20882

Md

Approximate

Interval Between Onset and Death

minutes

YEarly

12aus

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

4/21/93

MANYLAND

10814

1 - YES 2 X NO

8. BIRTHPLACE (State or Foreign Country)

Germany

8:48 a. M

REG. NO.

2. DATE OF DEATH

Fred W. Zacharias 04 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 264-10-1724 DAVE MOURE 1 😡 M 2 🗌 F 03 should 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Montgomery General Hospital Olney Pages 1, 2, 3 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Montgomery Brookeville permit. 10e, STREET AND NUMBER FUNERAL 101. ZIP CODE 3301 Damascus Road, detached for use as the burial-transit 20833 hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the bunial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR OATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 X Married BΥ 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Farmer Farming 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Herman Zacharias BE Ida Franke notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10e. Louise K. Zacharias Pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must Gate of Heaven Cemetery Donetion 5 Other (Specify) 4/23 Silver Spring, Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Muriel H. Barber Funeral Home 21525 Laytonsville Rd. Laytonsville completely filled in by the rial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final within 24 disease or condition Cardis pulmonory and out to (of as a consequence of): resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed 15ch emic prior to burial, Card traumatic CERTIFICATION and Sequentially list conditions, if any, leading to immediate attending physician ntal Hygiene prior to OR ATTENDING PHYSICIAN; The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) CONONA or other that initiated events resulting in death) LAST the atten PART ii. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY signed by the any 1 - YES 2 NO shows a peripheral dissaye been has be Dept. (PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate h Hem HOSPITAL: OTHER: 1 - YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA ne 5 🗆 Rasidence 6 🗀 Other (Specify) 6 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this c 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY After 28e. PLACE OF INJURY - At home, farm, street, factory, office 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 69 3 Suicide 6 Could not be COMPLETED HECTOR: J 80 4 Homicide 29e. CERTIFIER 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of eye tion and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) end manner ea stated. Angertaum, MD 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Tannenbàum, D27886 S. 2.23 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

10401 OLD GEORGETOWN RO # 204; BETHES DA

Julia Davidson Randale

31. DATE FILEO (Month, Day, Year)

APR 26 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

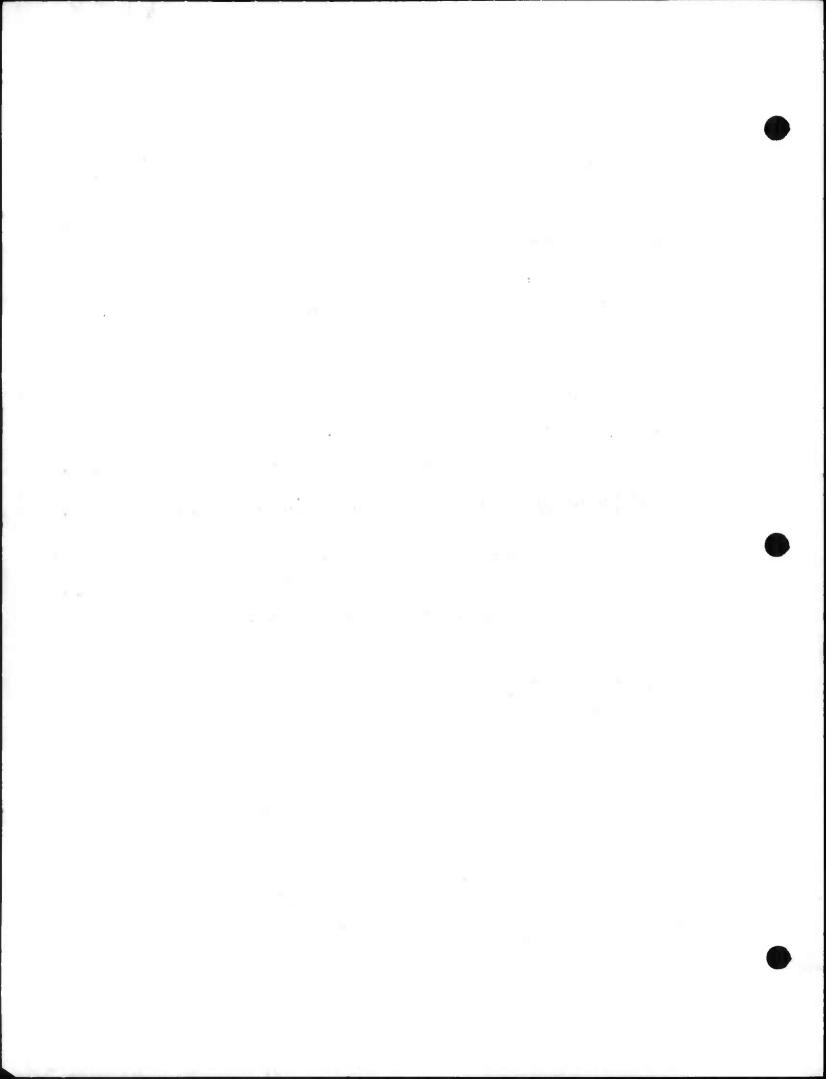
CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

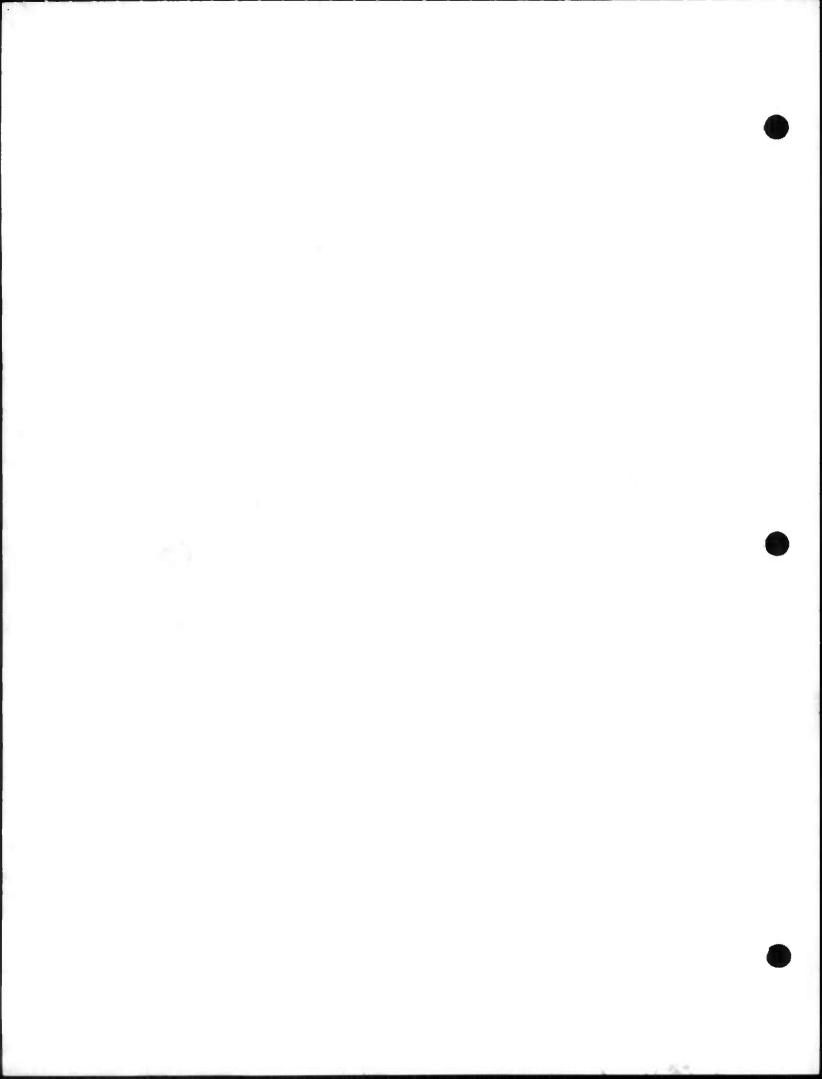
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VII AL MECORE	CIAN: The law requires had the	ertificate has been signed my
IL VII AL NECORA	YSICIAN: The law requires had by	s certificate has been signed with
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SIGN OF VITAL RECORD	TENDING PHYSICIAN: The law requires has the	DR: After this certificate has been signed in
VISION OF VITAL RECORD	ATTENDING PHYSICIAN: The law requires planting	ECTOR: After this certificate has been signed with
DIVISION OF VITAL RECORD	OR ATTENDING PHYSICIAN: The law requires has the	DIRECTOR: After this certificate has been signed with
DIVISION OF VITAL RECORD	AL OR ATTENDING PHYSICIAN: The law requires for the	AL DIRECTOR: After this certificate has been signed with
DIVISION OF VITAL RECORD	PITAL OR ATTENDING PHYSICIAN: The law requires for the	ERAL DIRECTOR: After this certificate has been signed in
DIVISION OF VITAL RECORDS, P.O. BOX 66/60,	IOSPITAL OR ATTENDING PHYSICIAN: The law requires for the	UNERAL DIRECTOR: After this certificate has been signed in
DIVISION OF VILAL RECORD	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires for the	E FUNERAL DIRECTOR: After this certificate has been signed in
DIVISION OF VITAL RECORD	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires for the	THE FUNERAL DIRECTOR: After this certificate has been signed in
DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires had to the continue to executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the funeral director, page 5

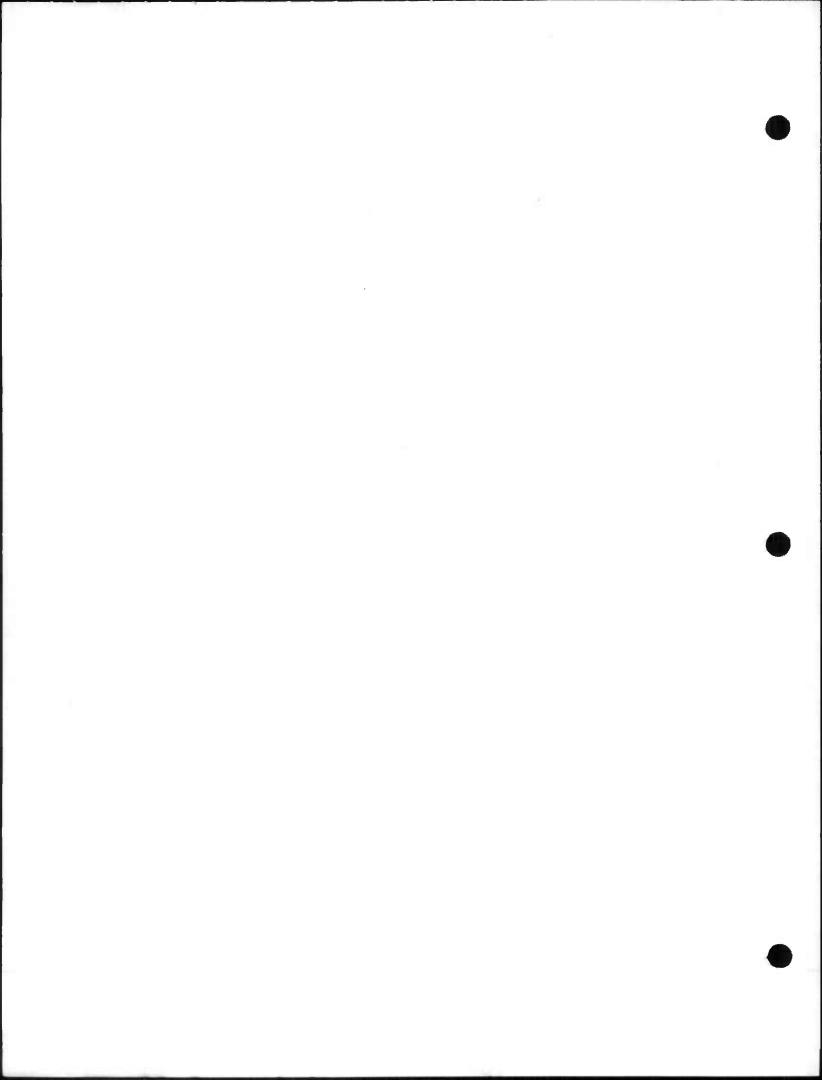
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires for the manufacture to executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed to provide the formal director, page 5 should be detached for use as the burial-train of semantics of semantic	IMPORTANT. If item 28 is marked, or item 23 shows an interpretation or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires we use death	TO THE FUNERAL DIRECTOR: After this certificate has been signed to find within 72 hours of the death with the State Dark of He	IMPORTANT: If item 28 is marked, or item 23 shows and believed

	1 - FOR STATE (F MARYLAND / DE	EPARTMENT OF H	EALTH AND ME	NTAL HYGIEN		11000
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH		3. TIME OF DEATH
	ERMA LEE BOWDEN	AMIS			4 25	93 YEAF	M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birt	thday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign intry)
8	242-03-1619 1 M 2X		YRS.	R LOCATION OF DEATH	9/30/19	11 N	. CAROLINA
e E	INNS OF EVERGREEN	BALTIMORI		Ve. COUNTY OF	DEATH		
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100	Dc. CITY, TOWN OR LOCAT	1011			
DIRECTOR	MARYLAND		BALTIMORI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	3800 BARRINGTON RO	AD		21215			USA
FU		DENT EVER IN U.S. ARMED		ENDENT OF HISPANIC (or No- 14. RA	ACE — American Indian, ack, While, etc.
ВУ		VE WAR OR DATES	1 TYES				Black
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECED	ENT'S USUAL OCCUPATIO	IN .	16b. KIND OF BUS	I BINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4		ind of work done during mos NOT use retired.)	st of working			
MP							
	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME (Surname)	
BE	Joseph Bowden 190. INFORMANT'S NAME (Type/Print)	19b. M/	AILING ADDRESS (Street as		heatham	n State 7in Code)	
9	James Amis	38	300 Barri	ngton Ro		timore	, MD 21215
	20a, METHOD OF DISPOSITION 1 Å Buriel 2 □ Cremetion 3 □ Removal from State	20b. PLACE AND	DATE OF DISPOSITION (Na		DATE 20c. LO	CATION — City or	Town, State
	4 Donation A Other (Specify)	Maryla	md Nation			rel, M	aryland
	21. SIGNATURE DV FUNERAL SERVICE LICENSEE	1.1	LERO!	Y O. DYE!	TT & SO	N FUNE	RAL HOME
	TAMONO.	VIIII	4600	LIBERTY	HEIGHT	S AVEN	UE 21207
	23. PART I. Enter the diseases, or complications shock, or heart fellule. List only one	that caused the death, cause on each line.	. Do not antar tha mod	da of dying, such se	cardiac or respi	retory srrest,	Approximata Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	Oc 1					Onset and Dasth
-	resulting in death) s	TO (OR AS A CONSEQUEN	VCE OF):			- 1	
Z	Sequentially list conditions. b.						
AT	If sny, leeding to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUEN	NCE OF):				
S	CAUSE (Disease or Injury C.	TO (OR AS A CONSEQUEN	(CE OF):				
CERTIFICATION	resulting in death) LAST						j
	PART II. Other significant conditions contributing	to death but not more	lelme de éta conductador				
CAL	Denerty	y to death but not lead	iding in the Undarrying	cause given in Pan	t 1. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED					1 YES 2		OF DEATH?
PHYSICIAN: MEDIC					. /		1 🗆 YES 2 🗆 40
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Check of	only one)		-
YSI	1 VES 2 NO 1 Inpetient	2 ER/Outpatient 3 D		5 - Residence 6 -	Other (Specify)		
		E OF INJURY th, Day, Year)	b. TIME OF 28c. INJURY WOI	RK?	d. DESCRIBE HOW I	JURY OCCURED	
BY	2 Accident Investigation 3 Suicide Could and by 28e, PLA	CE OF INJURY — At home, I		ES 2 NO	. LOCATION (Street a	ad Number or Pure	J. Davida Atronhar
TED	4 Homicide 6 Could not be determined	ing, etc. (Specify)	,		City or Town, State)	TO THOM OF THE	rroute rumos,
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the be	at of my knowledge, death o	occurred at the time, date	and place, and due to the	he cause(a) and men	ner as stated.	
COMPLET	one) 2 MEDICAL EXAMINER: On the basis						e(a) and menner as stated.
BE C	296. SIGNATURE AND TITLE OF SETTIFIER			200 LICENSE NUMBER		29d. DATE SIGNE	ED (Month, Day, Year)
TO B	(Max			N3667	8	×41.	27/83
	30. NAME AND ADDRESS OF RERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27)	(Type, Print)	0/200	a A	N. MI	2 2/2 00
	31. DATE FILED (Month, Day, Year) 32. REGIS	TRAR'S SIGNATURE	, vo.	The state of	PAC	-1 / 1	- ILUS
	APR 26 1993	Arthorith. E. Montangen		- 1			



detached		once.
8		10
5 should		IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
age		Pe
irector, I		must
TO THE FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director		xamine
ë	Mal.	- e
60	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	edica
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMI	ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIE) 11030	
	1. DECEDENT'S NAME (First,	lliam J. A	ppel, gr		2. DATE OF DEATH		EAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2/6-07-7732	M 2 F 9/	YRS. MONT	CER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 9-3-190	1 1	BIRTHPLACE (State or Foreign Country) MaryLand	
DIRECTOR	Fairmount Nursi	According to the second	lev	Baltimore	DEATH	9c. COUNTY	OF DEATH	
	100. STATE 10b. COUNTY Md. 10c. STREET AND NUMBER		10c. CITY, TOV	Baltimore 106. ZIP CODE	V		10d. INSIDE CITY LIMITS? YES 2 \(\text{NO} \) NO	
FUNERAL	3020 E. Pratt			21224		U.S.	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Nover Married 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	200	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic 1 YES 2 NO Specify Cuben, Mexic	can, Puerto Ricen, etc.)	ne or No— 14.	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted)	life. Do NOT use retire	one during most of working		USINESS/INDUS		
COM	17. FATHER'S NAME (First, Middle, Last)		incenco,	18. MOTHER'S N	AME (First, Middle, Maide			
BE	19e. INFORMANT'S NAME (Type/Print)		19h MAII ING ADDS	A m. RESS (Street end Number or Rure	elia S.			
10	Mr. Juseph P. R	iegen		Laware Ave				
) 	20a, METHOD OF DISPOSITION UC Burlel 2 □ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify)	from State cametary	CEAND DATE OF DIS	POSITION (Nama of	DATE 20c. L	OCATION - City	or Town, State	
	21. SIGNATURE OF PRINCIPAL SERVICE LICEN	Maller		22. NAME AND ADDRESS OF F Hartley M 7527 Hart	iller Fu	neral	Home Md. 21234	
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	t Dnly Dne cause on each	NSEQUENCE OF):	iter the mode of dying, au	ch as cardiac or ree	piratory arrest	Approximata Interval Between Onset and Death	
PHYSICIAN: MEDICAL CI	PART II. Other eignificant conditions of	potributing to death but in	not resulting in the	underlying ceuse given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPÍTAL:	ОТН	26. PLACE OF DEATH (C	heck only one)			
HYSI	1 YES 2 NO 1 27. MANNER OF DEATH	Inpatient 2 ER/Outpatier 28a. DATE OF INJURY		Nursing Home 5 Residence		Million Cookin		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be determined	6 Could not be 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town State)						
COMPLETED		N: To the best of my knowledge on the besis of examination and					tuse(e) and manner as stated.	
TO BE	29b. SIGNATURE AND THILE OF CERTIFIER	MD		D 43	750	29d. DATE SI	GNED (Month) Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO C	7 CM	1RCH	HOSPITI	7L BY	TIM	mer EMD	
	31. DATA FIRE (Maythr Pay, 1993	32. REGISTRAR'S SIGNATUR	dell					



BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PRYSICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 5 may be retained by the hospital or attending bytesion and completely filled in by the threat director, page 5 should be detached for use as the burist-buring completely that the completely seed to be a second to be detached for use as the burist-buring completely that the completely seed to be a second to be detached for use as the burist-buring trans-	t once.
MARY	e retained by d bhould by	notified a
ALTIMORE,	leath. Page 6 may be funeral director, page	caminer must be
B	in 24 hours after ety filled in by the	, the medical
O. BOX 68760,	certificate be executed with nating Missician and complete	r other traumatic event
AL RECORDS, P	law requires that the death as been signed by the attan-	23 shows any injury, o
DIVISION OF VITAL RECORDS, P.O. BOX 68760	RECTOR: After this certificate ?	nous are osen with he state upp. O region and wenter repert practic bondoo. The most be notified at once, them 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

L DIRECTOR: At hours after de litem 28 is r

PLINERAL I within 72 h HOSPITAL. TO THE HOSPITA
TO THE FUNERA
TO THE WITHIN 72
IMPORTANT: II

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NE AND TITLE OF DERTIFIER

APR 27 1993

Lax

93 11837 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) THOMAS 2. DATE OF DEATH J. ANDERSON 3. TIME OF DEATH VEAR 645a Anderson nomals 4/19/93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) B. BIRTHPLACE (State or Fore 213-41-4459 1 W 2 0 F VRS. 76 S.C. 2/17/17 tie. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE 10s. STATE 166 COUNTY 10c. CITY, TOWN OR LOCATION 104. INSIDE CITY LIMITS? MD BALTIMORE 1 💢 YES 2 🗌 NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 40 S. PULASKI ST. 21223 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or Nu-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE -- American Indian, Black, White, etc. FORCEST 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 1 TYES 2 X NO Specify 3 Widowell 4 X Divorced AFR. AMERICAN COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do MOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 17. PATHER'S NAME (First, Aficidis, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) ALEXANDER ANDERSON ELORIA ANDERSON BE the INFORMANT'S NAME (Type/Fred) 19b. MAILING-ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EVA CALDWELL 4514 OLD FREDRICK RD. BALTIMORE MD 21229 20s. METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State 1 G Burtal 2 Cremation 3 C 4 Donation 5 Other (Specify) GLEN BURNIE MD CALVARY CEM. 4/23/93 21-MONATURE OF FINERAL SERVICE LICENSES 22. MANE AND ADDRESS OF PACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE MD 21217 23 PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart faffure List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final) Onset and Death disease or condition resulting in death) OUE TO FOR AS A CONSEQUENCE OF: pneumonia CERTIFICATION Sequentially list conditions, DOE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Zengestive DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST MACRANIA PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO 1 YES 2 100 COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: ent 2 - ER/Outpetic ADD III E In ne B 🖸 Residence S 🗆 Other (Spootly) 4 | Mura 27, MANNER OF DEATH 28s. DATE OF INJUSTY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Nontural 5 Pending BY 1 YES 2 NO 2 Accident 3 🔲 Siulcide 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Reen, State) # Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

RESIDENT PHYSICIAN HOSP. RESIDENT ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1904, Print) ST. ATTAES HOSP GOD CATON AVE. MA 21229 33. REGISTHAN'S SIGNATURE

29c. LICENSE NUMBER

25d DATE SIGNED (Mo

set permit, Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use an 10 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

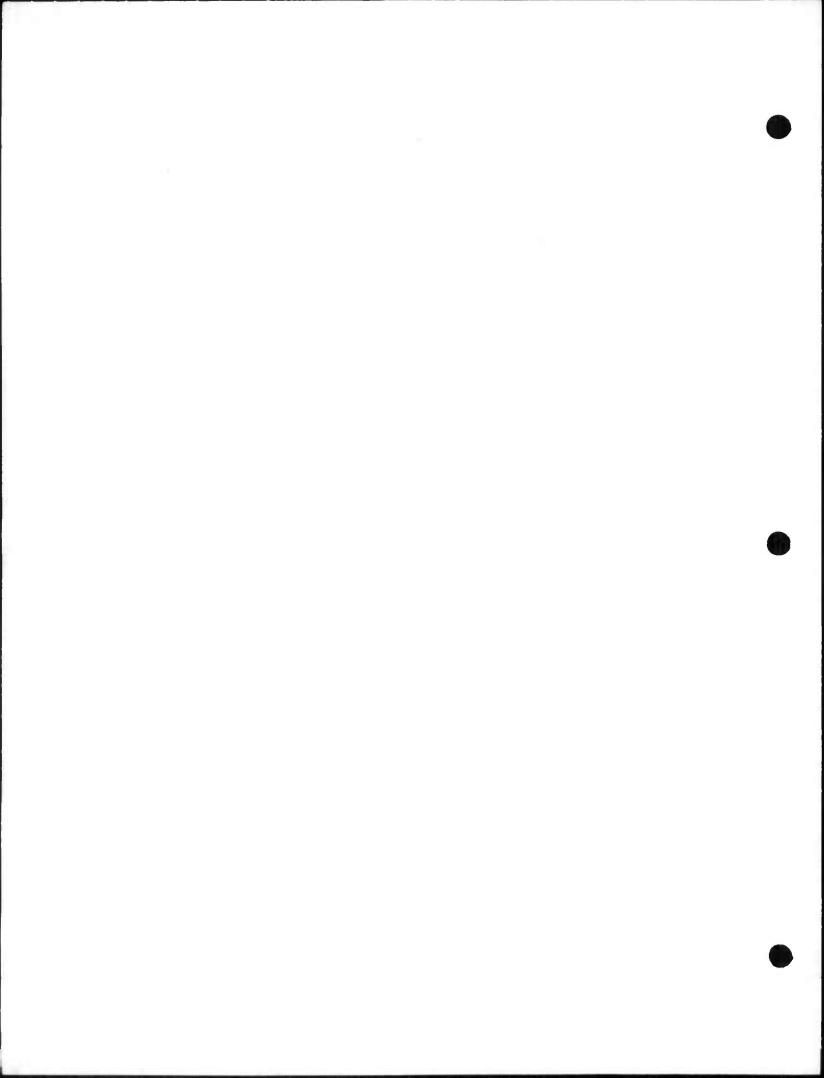
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or either traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 2121

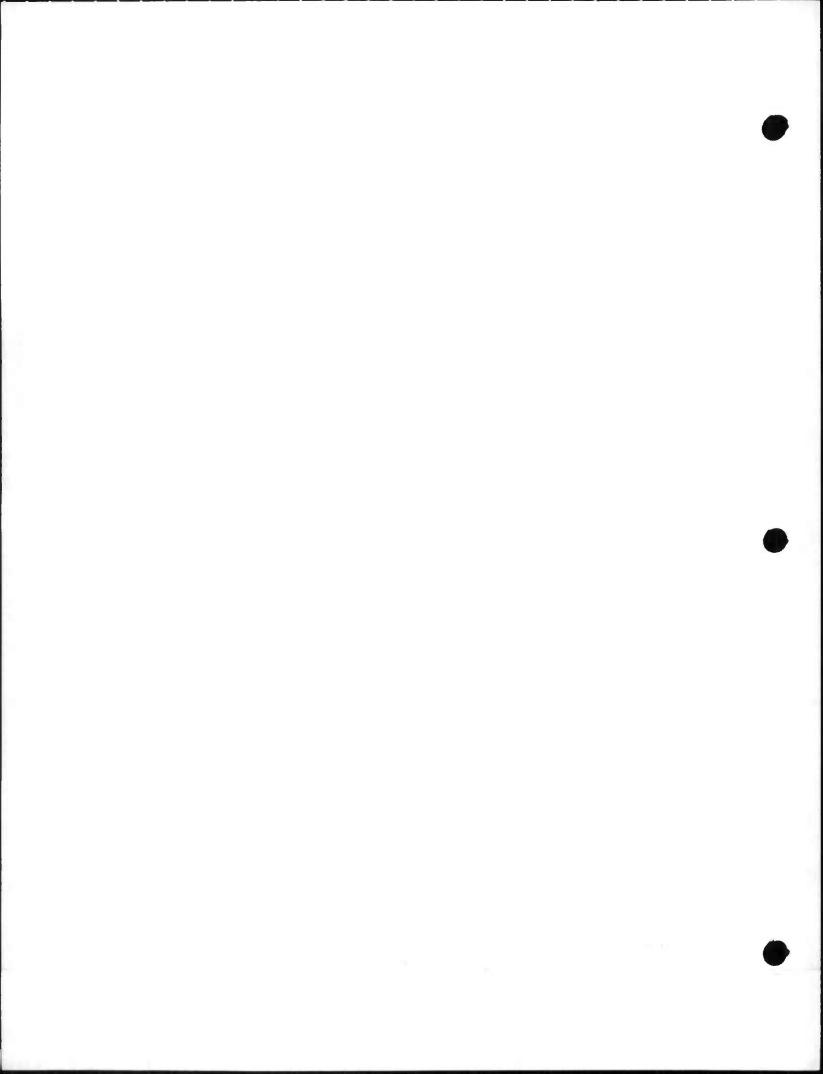
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CER	TIFICATE	OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) MARY		DSTD0RF				2. DATE OF MONTH	De	1993	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 212-20-8654	1 🗌 M 2 📈 F	GE (In yrs. lest bir	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ey, Year)	903	a. BIRTH Counti	yland_
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEAT WESLEY HOME RESIDENCE OF DECEDENT 9c. COUNTY OF DEATH								EATH		
Ĭ Ĭ	10a, STATE 10b. COUNTY		10	c. CITY, TOWN OI	R LOCATI	ON					10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Balt	imore		0ver]		ZIP CODE			100 017	TEN OF V	LIMITS? 1 YES 2 NO VHAT COUNTRY?
NER/	315 Sipple Ave.	12. WAS DECEDENT EVE	DIN II C ADMED	40.0		21236			U	.S.A	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If	yea, spe	INDENT OF HISPAI city Cuban, Mexica 2 NO Specif	in, Puerto Rice	specify Yea in, etc.)	or No —		E — American Indian, k, White, etc. My: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give ki	ENT'S USUAL OC ind of work done di NOT use retired.)	luring mos	N t of working	16b. Kil	ND OF BUS	SINESS/IND	DUSTRY	
ž		J+	1	Attorney	/						
BE CO	17. FATHER'S NAME (First, Middle, Last) John Adam	Galloway	,			16. MOTHER'S NA		Elle		Pi	arks
10	19a. INFORMANT'S NAME (Type/Print) Mrs. Donna B. S:	innel				d Number or Rural I					
1	20a, METHOD OF DISPOSITION	1	20b. PLACE AND	DATE OF DISPOSI	TION /Nan	ve. Ove			212:		wn Stele
	1 M Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	cametery, cremato	ry or other place)		t 4/28					WIT, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	Paul L. H	artsock,	л.		and J. R		Rait	imore	e,MU	21214 Ford Pd
	23. PART i. Enter the diseeses, or co	emplications that cour	sed the deeth.	Do not enter t	the mod	e of dying, suc	h es cardiec	or reepi	ratory an	rest,	Approximate
	IMMEDIATE CAUSE (Finel	Crebo	eech ilne.								Interval Between Onset and Death
z		DUE TO (OR A)									
ATIO	cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUEN	ICÉ OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUEN	ICE OF):							
	PART ii. Other significent conditions	contribution to death	hut not recui	Alma In Almania	4		T.				
MEDICAL	Deffecty	i Swallo	vý	ung in the unc	perlying	ceuse given in		PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.	DySegulib	Kny					-				1 TES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Ch	eck only one)		_		
Sic		HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆 0	OTHER:		5 Residence	6 ☐ Other (Se	pec/fv)			
PHYSICIAN:	27. MANNEB OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUR (Morith, Day, Year			28c. INJU WOR	RY AT K?	28d DESCRI	_	NJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJU	RY — At home, t	arm, street, factor		S 2 NO	26f. LOCATIO	ON (Street a	and Number	or Rural R	loute Number,
ETE	4 Homicide detarmined										
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	AN: To the bast of my kn : On the basis of examine) and manner as stated.
BEC	286. SIGNATURE AND TITLE OF CERTIFIER	. *				29c. LICENSE NUN	ABER .		29d. DAT	E SIGNED	(Month, Day, Year)
10	16. Juli	en, in	-	-		Dair	6¥		•	4-2	6-93
	30. NAME AND ADDRESS OF PERSON WHO ROBert T. Liberto,		08 Bank								
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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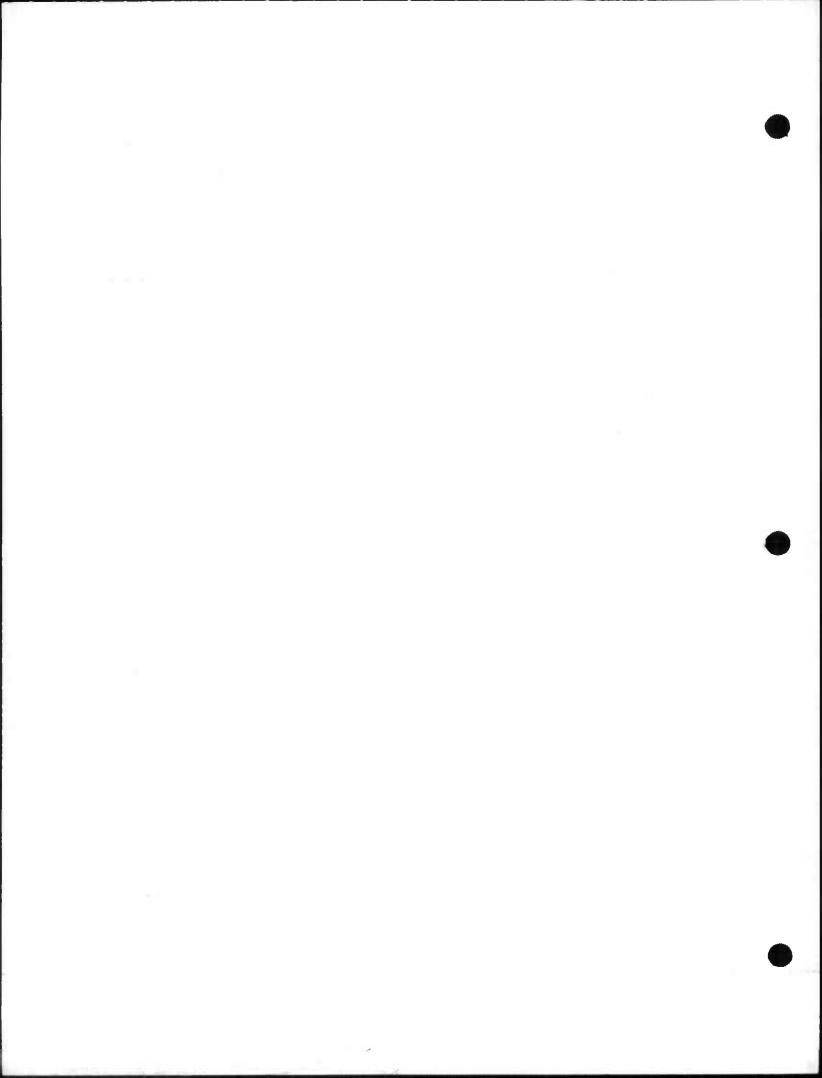
	REGISTRAR	CERT	rific/	ATE OF	DEATH	F	EG. NO.			
- 10	1. DECEDENT'S NAME (First, Middle, Last) GONZALA BATU					2. DATE OF MONTH april		1001	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birth	iday) IF I	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		199.		PLACE (State or Foreign
ş	294-78-8946 ○ 1□ № 2 🛛 🕫		RS. MON		HOURS MIN.	(Month, De	y, Ybar)	1914	Countr	ilippines
~	Se. FACILITY NAME (If not institution, give street end number)		9b.	CITY, TOWN C	R LOCATION OF DE				NTY OF D	
DIRECTOR	Church Hospital			Balt	imore			-		_
일	10a. STATE 10b. COUNTY	100	city, to	WN OR LOCAT	ION					10d, INSIDE CITY
<u>=</u>	Maryland		Ε	Baltim	ore					LIMITS? 1 X YES 2 NO
₹ I	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	3306 Lawnview Ave.				21213				S. A	١.
	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT E FORCES? 1	YES 2 NO		If yes, spi	ENDENT OF HISPAN Holfy Cuban, Mexican	, Puerto Ricar	pecify Yes 1, etc.)	or No-	14. RACE Black	— American Indian, , White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR	OR DATES		1 TYES	2 NO Specify	•			Phil	.ippino
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDE (Give kin	NT'S USU	AL OCCUPATIO	N st of warking	16b. KIN	D OF BUS	INESS/IND		
١٣	Elementary/Secondary (0-12) College (1-4 or 5+)		72	done during mo- red.)	a worlding					
N N	n/a n/a n/a 17. FATHER'S NAME (First, Middle, Linst)	Hon	remak	er			Own I			
	Tejada Cuizon				18. MOTHER'S NAI	ne (FIISI, MIDO) Tuanita		_{sumeme)} Jnkno	E.TO	
BE (19a. INFORMANT'S NAME (Type/Print)	19b. MAI	ILING ADD	RESS (Street o	nd Number or Rural R					-
2	Victor Batu (Son)				Ave., E					.3
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ② Cremation 3 □ Removal from State	20b. PLACE AND D	ATE OF DIS	SPOSITION (Na	me of		20c. LO	CATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	"Metro"C						ltim	ore,	Md.
	1111111				o adoress of fac inek Fune					
	23. PART I. Enter the diseases, or complications that co	used the death			erehms La					
	snock, or neert tailure. List only one ceuse	on each line.							vsi,	Approximate interval Between
	disease or condition resulting in death)	760	PA	MCRZ	OTIC	CANS	Pn			Onset and Death
- 1	DUE TO (OR	AS A CONSEQUENCE	CE OF):		7,	(- 10				
8	Sequentially list conditions,	AS A CONSEQUENCE								
CERTIFICATION	cause. Enter UNDERLYING	AS A CONSEQUENC	LE OF):							i
Ĕ	that illitiated events	AS A CONSEQUENC	CE OF):							
E I	resulting in death) LAST									
	PART II. Other significant conditions contributing to de-	eth but not result	ing in th	e underlying	cause given in i	Part I. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL	Diabets mellita					_ 1	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
100	Emawatin	-								1 YES 2 NO
PHYSICIAN: ME										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	UU DASI NUMBER	ОТ	26. PL HER:	ACE OF DEATH (Che	ck only one)				
¥∥	1 YES 2 NO 1 Inpatient 2 EF 27. MANNEB.OF DEATH 28e. DATE OF INJ		TIME OF	Nursing Home	5 Residence	8 Other (Sp 28d, DESCRII		LIHRY OCC	HIDED	
	1 Netural 5 Pending (Month, Day, 1		INJURY	WO		zed, Deşoni	SE HOW II	JUNI OCC	ONED	
D 8√	- Patriotik	JURY — At home, fe	erm, street	factory, office		281. LOCATIO		nd Number	or Rural A	oute Number,
COMPLETED	4 Homicide determined	Оросију				City or io	wn, State)			
릴Ⅱ	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my									
g g	One) 2 MEDICAL EXAMINER: On the basic of exami	nation and/or investi	igation, In	my opinion, de	eath occured at the t	lime, date and	place, and	due to th	e cause(e)	and manner ee stated.
BE	296. SIGNATUJIË AND TITLE OF CERTIFIER				29c. LICENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH //TEM 270	(Time Dut-1		2/7/1	48		- 4	1-2	373
, 1	Dr. Dunato Neppes VARCA706	Harford	Roa	d, Bal	timore,	Md.				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S			_						
2	APR 27 1993 Selie Krigh	Bands 00								
										DHMH. 18 Rev. 1/89



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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit per	edical examiner must be notified at once.
DIVISION OF VILAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 77 hours after death with the State Deat of Health and Mental Havingan notes to having committee of the committee o	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Marlene MARY BROWN 23 April 1993 2:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 1 🗌 M 2 💢 F 57 216-32-3583 OCT. 3,1935 MARYLAND 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FRANKLIN SQUARE HOSPITAL BALTIMORE Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 46 SURREY LANE 21236 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: IF YES. GIVE WAR OR DATES ВУ 3 Widowed 4 Divorced Specific WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) N/A HOMEMAKER N/A OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) LARRY LIMMER BE STELLA (SURNAME UNKNOWN) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ROBERT J. BROWN (HUSBAND) 46 SURREY LANE. BALTIMORE, MD 21236 20a, METHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE PARKWOOD CEMETERY 4/26 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home 9705 Eelair Road, Baltimore, Md. 21236 23. PART I. Enter the diseases, or complications that caused the day shock, or heart failure. List only one cause on each fine. damn. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition arcon resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation B¥ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mun BE 3 allewo 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Valle, 1012 Old N. Point Rd., Baltimore, Md. 22. REGISTRAR'S SIGNATURE

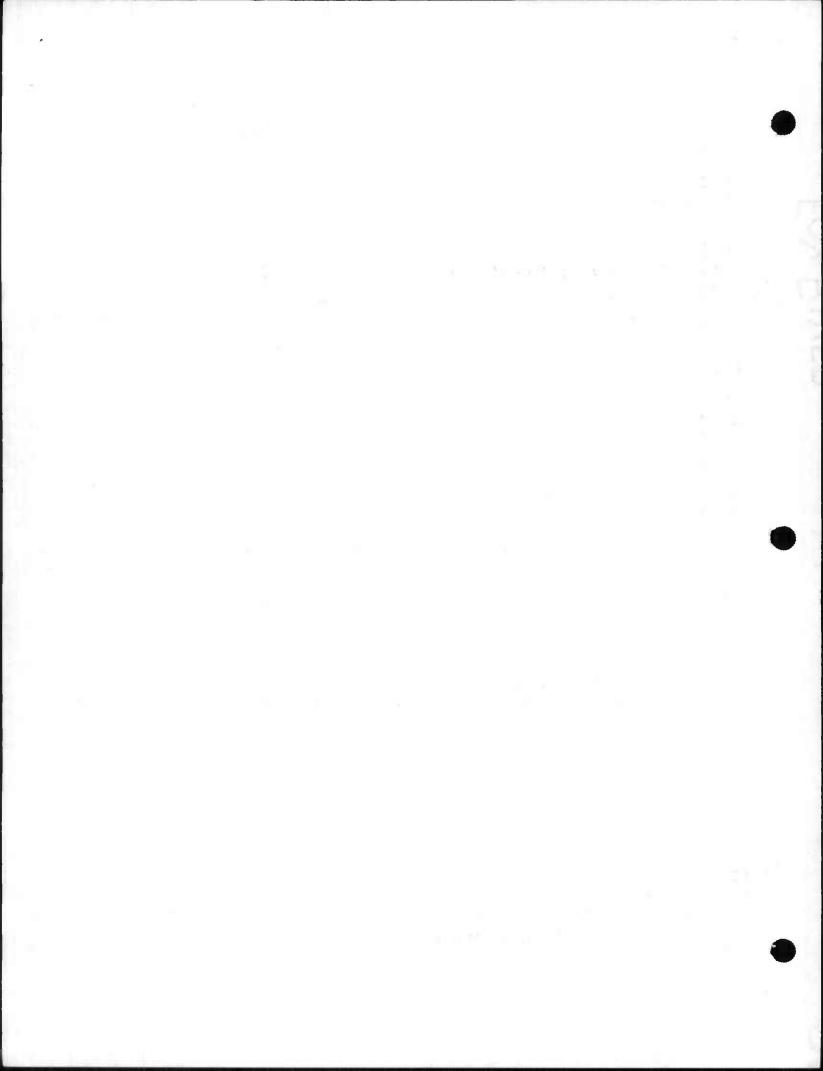
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-		REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	ij,	1. DECEDENT'S NAME (FIRST, MIGGIN, LEST) ALBERT BLACKWELL 2. DATE OF DEATH MONTH OF DAY OH 243 93 93 6	EATH 41) G M
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) Country 7. DATE OF BIRTH (Morith, Day, Year) Country 8. BIRTHPLACE (Shine of Country) Country 9. Country Country 1. Country Country 1. Country Country 1.	x Foreign
2, 3 should	CIOH	So. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL BALTIMORE CITY BALTIMORE	20 Е
	E E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE C LIMITS? 1 DYES 2	CITY
	YERAL	516 N. CARY STREET 21223 109. CITIZEN OF WHAT COUNTRY	Y7
21215-0020 all or attending physician for use as the buria-tre	ā	11. MARITAL STATUS 1 Never Married 2 Married 5 Never Married 2 Married 6 Never Married 6 Never Married 7 Never Married 7 Never Married 8 Neve	Indien,
	recien	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY	
MARYLAND 212 retained by the hospital or a 5 should be detached for us notified at once.		17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meldee Surneme) 19. FATHER'S NAME (First, Middle, Meldee Surneme) 19. FATHER'S NAME (First, Middle, Meldee Surneme) 19. FATHER'S NAME (First, Middle, Meldee Surneme)	
TO BE		60. INFORMANT'S NAME (Type/Print) 19th. MAILING ADDRESS (Street and Number or Rural Route plumber, City or Toyn, State, Zip Code) 105 N. CALAGUE ST. BALLS, MC. 2	1217
MOR e 6 m rector,		20e. METHOD OF DISPOSITION 1	nd
A - 2 A		Joseph Likuss Joseph Likuss Funer Hame 222 h. North Ave. BAID, Md. 21	216
24 hours at r filled in by tion, or reme the medica			kimate al Between and Death
o. O. BOX 68 certificate be executed in the prior to but the prior to but to the traumatic or other traumatics.	- Ullingalion	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2
RECORDS equires that the on signed by the of health and Me hows any Injury	MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 VES 2	OF CAUSE
Z3 cept	SIZIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	
OF PHYSICIA this certification with the with the theu, on PHY		1 YES 2 ND 1 Inhestent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey. Year) 26b. TIME OF INJURY WORK? 1 YES 2 NO NO NO NO NO NO NO	
DIVISION OR ATTENDING I DIRECTOR: After hours after death ttem 28 is mai		2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE DF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State)	
N N N N N N N N N N N N N N N N N N N		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as	is stated.
TO THE HOSPI TO THE FUNEN De filed within IMPORTANT		296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Mority, Day, Yell) 04/2/3/93	ier)
	/	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NECHAMA GERNHAMDI MD SINAI HOSDITAL 31. DATE FILED (MONT) Day, Your) 32. REGISTRAR'S SIGNATURE	
		31. DATE FILED (HOUT) Day, Your) 32. REGISTRAR'S SIGNATURE Sucha Davidson Rendere	

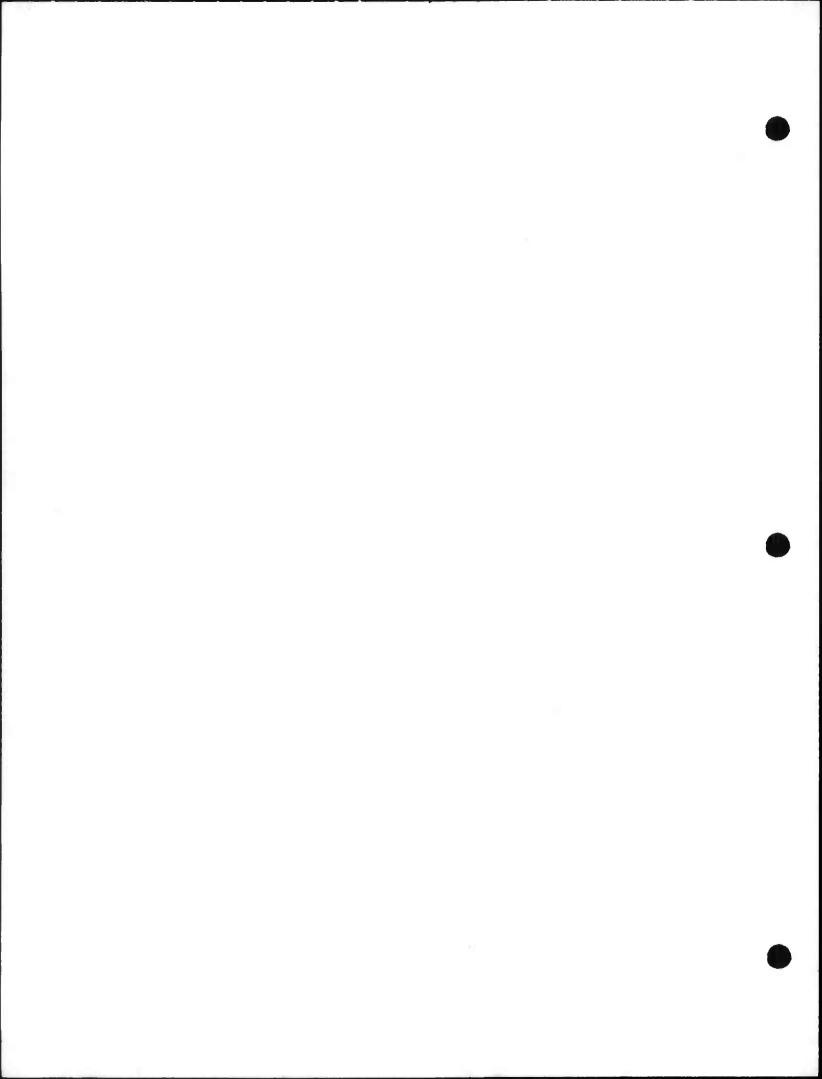
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ALL OR ALLENDING PHYSICIAN: The law requires that the obtain ceruincare the executed within 24 from a field obtain. Page of the	HAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	n 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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ar 1	No.	-

BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last)	REG. NO. 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
	4. SOCIAL SECURITY NUMBER	IF UNDER 24 HRS.	7. DATE OF BIRTH	10.	BIRTHPLACE (State or F						
	212-07-0944	5. SEX 8. AGE (In yrs.		YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country) Maryla:		
	9a. FACILITY NAME (If not institution, give atm	- (0	/	9b. CITY, TOWN C	R LOCATION OF D	EATH	9c, COUNTY			
	Levindale Nursing Home Beltimore Baltimore City RESIDENCE OF DECEDENT										
	10a. STATE 10b. COUNTY	timore		10c. CIT	Y, TOWN OR LOCAT	LT)/	NORYE (Pikesville) ves 2 €				
	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT O								ed States		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.	NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) fy:	or No 14	RACE — American Indi Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)		e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATIO	ON at of working	16b. KIND OF BU	SINESS/INDUS	TRY		
٦	Elementary/Secondary (0-12) 12 years	College (1-4 or 5	+)		•	numental	Security	Stores	o Co		
M	17. FATHER'S NAME (First, Middle, Last)	l year		MCC.	Jares 110		ME (First, Middle, Malden		,e co.		
	Edward B. Bates					2000	Elsie Norr				
BE	19a. INFORMANT'S NAME (Type/Print)			10h MAII IN	Annese /our		Aoute Number, City or Tov		de)		
2	Mr. Larry Bates			- NO 17 E							
	20m. METHOD OF DISPOSITION	_				T	Salisbury		21801		
	1 😡 Burlai 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗆 Other (Specify)		of cem	etary, cremator,	cor olsposition cor other place) Cemeter	У	4/28 W	oodlaw	n or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE	B C	vey		Lorin		Funeral Di Road Rand				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)	DUE TO	OR AS A CO	S UN ONSEQUENCE CO	Know,	SqR<1	Tian ig in		Interval E Onset, an		
CC	PART II. Other significent conditions	- / /	_		in the underlyin	g cause givan in	Part I. 24a. WAS AI		24b. WERE AUTOPSY I		
MEDICA	Ch minic	obs1	CZno novel	ne p	morer	y bisec	1 □ YES	2 NO	COMPLETION OF OF DEATH?		
IAN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	heck only one)				
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatk	ent 3 DOA	OTHER: Mursing Hon	ne 5 🗆 Residence	8 Other (Specify)				
PHY	27. MANNER OF DEATH 1 2 Netural 5 Pending	28a. OATE O (Month, i	F INJURY Day, Year)	28b. TII	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Rurel Route Number,			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINEI						a to the cause(a) and ma e time, data and place, a				
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHAT	oler	M)	(ITEM 27) (Typ	s, Print)	29c. LICENSE NU	928	29d. DATE S	SIGNED (Month, Day, Year 24/93		
2	OUT TITIME ATTE PROPERTY OF TENEOUT WITH	o down briles our									



0700-017	attending physician.	se as the burial-transit permit Pages 1.2.3 chould		
SALLIMONE, MANIEMED 21213-0020	ours after death. Page 6 may be retained by the hospital or	in by the funeral director, page 5 should be detached for	if removal.	nedical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death centraling he executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been around by the amendment of completely filled in by the funeral direction, page 5 should be detached for use as the burial-transft nermit Pages 1.2.3 should	ith the State Displ. of Health and Mental Hygiens prior to burial, cremation, or removal.	od, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with t	IMPORTANT: If Item 28 is marked,

	1 - STATE OF MA	RYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND I		YGIEN REG. NO.		3	11843
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH DA	v	YEAR	3. TIME OF DEATH
	Charles Henry Bolte							4/24			, EAN	M
	4. SOCIAL SECURITY NUMBER 5. SEX 6 2.17-16-1803 1 M 2 T F	AGE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF I	BIRTH % Year),		8. BIRTH Country	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street and number)	/3	9 YRS.					(Month, De	29/1			Maryland
Œ	8806 Pikesville Road					R LOCATIO		НТА			NTY OF DI	
18	RESIDENCE OF DECEDENT			1	TKES	SVII.	re			Di	alti	nore
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCATI	ON				10d. INSIDE CITY		
	Maryland Baltimore			Pikes	svil	le						LIMITS? 1 YES 2XXNO
\¥	10e. STREET AND NUMBER				10f.	ZIP CODE				10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	8806 Pikesville Road							21208		Un:	ited	States
	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT E FORCES? 1	YES 2 NO		13, y	MAS DECE	NDENT O	F HISPAN	IIC ORIGIN? (S	pecify Yee	or No-	14. RACE Black	- Americen Indian, White, atc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR		J II	1	YES	2 1 NO	Specify	r.			Specif	White
B	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	EDENT'S	USUAL OC	CUPATIO	N		16b. KIN	D OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12) College (1-4 or 5+)			vork done d e retired.)	lunng mos	t of working	g			_		
COMPLETED	8th grade	Lar	ndsc	aper				Se	Ti-E	mplo:	yed	
	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle		,		
띪	Henry Augustus Bolte 190. INFORMANT'S NAME (Type/Print)							nce Wa				
임	Mrs. Gladys Bolte	190.						ad Pi				21200
	20a. METHOD OF DISPOSITION	20b. PLACE AP					KO.	DATE		ATION -		21208
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Evergi	etory or or	her place) Memo	ria	l Paı	rk	4/27		inksl		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. N	AME AND	ADDRES	S OF FAC	CILITY				
	Dame 13 Con	New	Loring Byers Funeral Directors 8728 Liberty Road Randallstown									
Н	23. PART I. Enter the diseases, or complications that	sused the dea	th. Do r	ot anter	the mod	Liber	c E y	Koad	Kand	alls	town.	Approximete
	shock, or haert fellure. List only ona ceuse	on each line.				o or ayı.	ig, saci	, as cardiec	Oi Toopii	atory sir	ost,	Interval Between
	disease or condition resulting in death)	1	I	ne. V	1		Su	×-0`				Onset and Death
1 1	DUE TO (O	R AS A CONSEOL	JENCE OF	7:		7						Ser. mos
2	Sequentially list conditions, b	PO;	Pu	lan	Fi	30	515					2av. 403
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	R AS A CONSEQU	JENCE OF	ን:	(
[윤]	CAUSE (Disease or Injury C.	R AS A CONSEQU	JENCE OF	7):								-
됩	resulting in death) LAST											
5	PART II. Other significant conditions contributing to de	ath hut and a										
S	15 Cm Dal Carlo	Cara	builing i	n the und	eriying	cause g	Iven in i	Part I. 24a	PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDI	Congestie Heart	G D.	}					10	YES 2	□ NO		OF DEATH?
Σ	Only - Pri The	Lie	~=					-				1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	myla			26 Pl A	CE OF DE	ATH /Cho	ck only one)				
Sic	EXAMINER? 1 YES 2 NO 1 Input lent 2 E	R/Outpatient 3	DOA	OTHER 4 Nursi	:			6 Other (Spi	oo/hal			
РНҮ	27. MANNER OF DEATH 28a. DATE OF IN. (Month, Day,	JURY	28b. TIM	OF	28c. INJU	RY AT		28d. DESCRIE		JURY OCC	URED	
ВУ	1 Netural 5 Pending 2 Accident Investigation	rour)	INJ	URY M	1 NY	K?	NO					- 1
ED	3 Suicide 6 Could not be 26e. PLACE OF It building, atc	JURY — At hom. (Specify)	e, ferm, e	treet, facto	ry, office			281. LOCATION	N (Street er	nd Number	or Rural Ad	oute Number,
								3,7				
COMPLET	29s. CERTIFIER (Check only one) PHYSICIAN: To the best of my	knowledge, deat	h occurre	d at the tin	ne, deta e	nd place,	end due t	to the cause(e)	end man	ner es atate	ed.	
Ö	one) 2 MEDICAL EXAMINER: On the basis of exam	diretton end/or Im	vestigatio	n, In my op	Inlon, de	eth occure	d at the t	ilme, date end	place, and	dus to the	e cause(e)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICEI				29d. DATE	SIGNED	Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WITH A STATE OF THE STATE O	m.				No	80:	29		P 4	14	173.
	30. NAME AND ADDRESS OF PERSON WHO COMPRETED CAUSE O	70 F Pe	27) (Type,	Print)	20 2	1.0	ر يا ر	ics A	00.	M	7	(1)
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S			3	- (101	1/1	-cj	1.4	-1	11/
	APR 27 1993 Julia Davidson											
	22 (22)											DHMH-16 Rev 1/89



3. TIME OF DEATH

2. DATE OF DEATH

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DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hore	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Ilem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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MEDICAL CERTIFICATION

PHYSICIAN:

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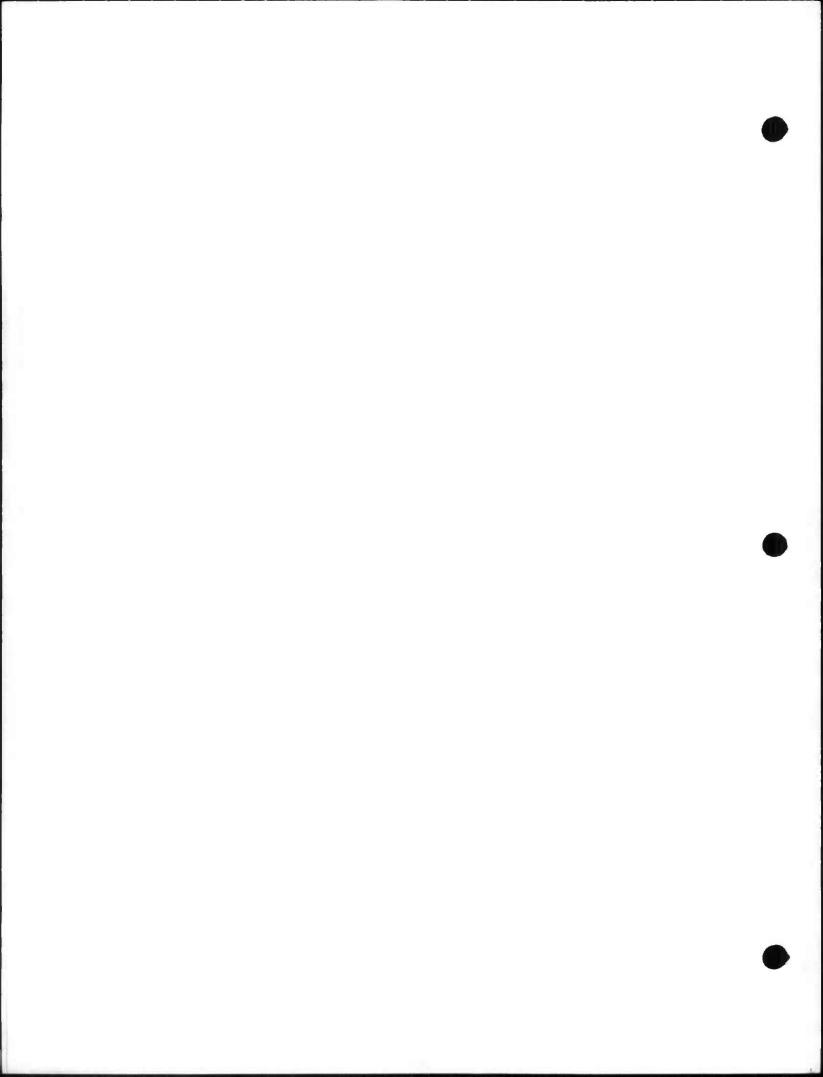
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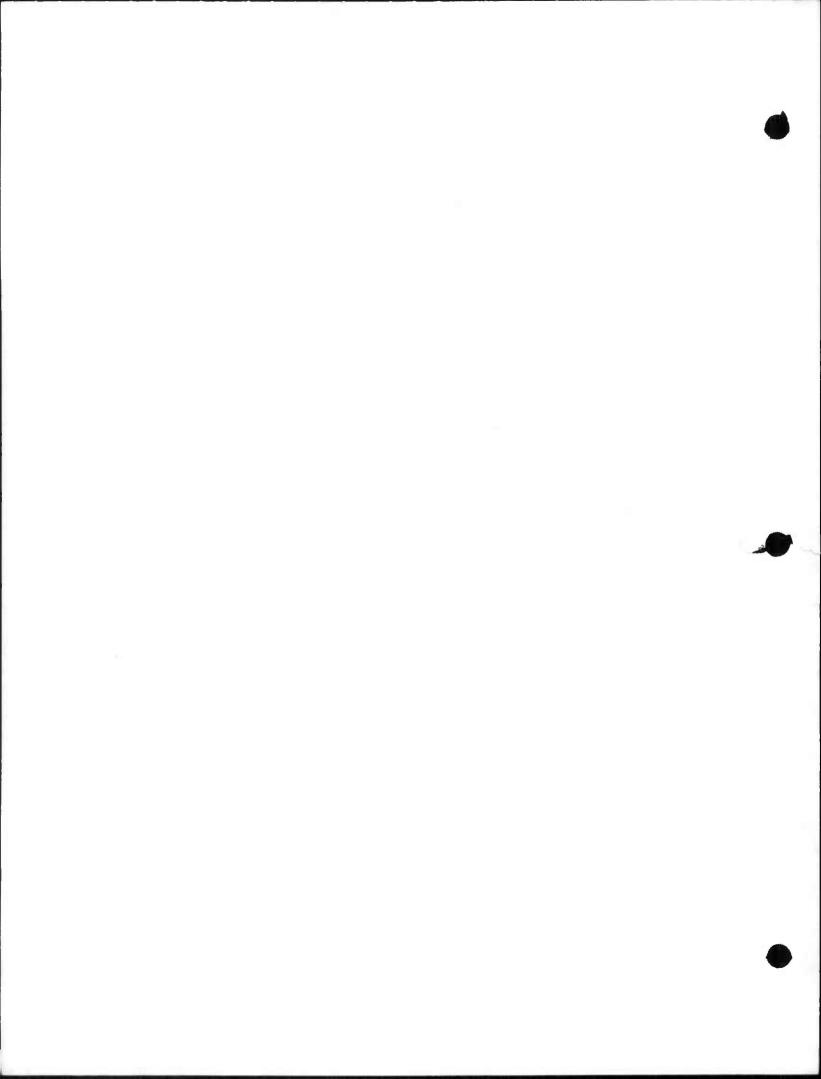
BELLE BARNES APRIL 22. 1993 11:52 Ам A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Ybar) IF UNDER 1 YEAR | IF UNDER 24 HRS 6. BIRTHPLACE (State or Foreign 174 20 7732 1 🗌 M 2 🖵 F 74^{YRS.} July 6. 1918 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SACRED HEART HOSPITAL **CUMBERLAND ALLEGANY** RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Fulton Warfordsburg 1 YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RD#2 Box 1195 17267 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black. White, etc. 1 YES 2 X NO 1 Never Married 2 Married IF YES. GIVE WAR OR DATES 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ary (0-12) College (1-4 or 5+) 12 Clerk Posta1 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Ash Bessie Bowman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Denver Barnes RD#2 Box 1195 Warfordsburg, PA 17267 20e. METHOD OF DISPOSITION
11 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State retery, crematory or other place) Fairview Cemetery 4/25 4 Donation 5 Qther (Specify) Monroe Twp., PA 21. SIGNATURE OF FINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Dalla Valle Funeral Service, Inc. Box 179 Everett, PA 15537 23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DISCHER) MOSA TO (OR AS A CONSEQUENCE OF): POLIES Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE TO Remote HOARD Polack 1 YES 2 1040 ARDOM 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a. CERTIFIER
(Chack ank)
1 CERTIFYING PHYSICIAN: To the best of my killowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemin on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF DERTIFIER. 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) D31875 APRIL 22, 1993 DR. ROBERT WELIK, M.D., 902 SETON DRIVE, CUMBERLAND, MD 21502 32 REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Like ADD DHMH-16 Rev 1/89



Hinsit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / D Cei		ITMENT ICATE				MENTAL	HYGIEN REG. NO.	E Q3		1915
	1. DECEDENT'S NAME (First, Middle, Last)						DEA		2. DATE C		1.1	3.	TIME OF DEATH
	Maggie d	r.	BROW	Ń					MONTH 4	24	Y /	YEAR	l:25 A M
		5. SEX	6. AGE (In yrs. last b		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH			ACE (State or Foreign
	224-62-9747	1 M 2 X F	96	YRS.	MONTHS	DAYS	HOURS	Mere.		Day, Year)	. ,	Country)	
	96. FACILITY NAME (If not institution, give street end number) 98. FACILITY NAME (If not institution, give street end number) 99. FACILITY NAME (If not institution, give street end number) 99. FACILITY NAME (If not institution, give street end number)												
E E	Franklin Squar	re Hoar	$i \neq a \neq a$		Ra	14:	more				100		
DIRECTOR	HESIDENCE OF DECEDENT	102			Du.	222	mone				<u></u>	Ltin	rore
H	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	LOCATI	ON					10	d. INSIDE CITY LIMITS?
		iltimon	e		Balt	imo	re					1	YES 2 NO
\X	10e. STREET AND NUMBER		-			101.	ZIP CODE				10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	7504 Brightsia	le Ave.				2	1237	7			11.	S.A.	
1 2	11. MARITAL STATUS	2. WAS DECEDEN	T EVER IN U.S. ARME	ED	13. W	AS DECE	NDENT O	F HISPANI	IC ORIGIN?	(Specify Yee	or No- 14	RACE -	American Indian, /hite, etc.
β	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W						Specify:		can, etc.)		Specify:	
	15. DECEDENT'S EDUCA												White
ETE	(Specify only highest grade co		(Give	kind of i	USUAL OCC work done du le retired.)			9	16b. I	KIND OF BUS	INESS/INDUS	TRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5 +	,		nakei	_			ſ		"		
COMPL	17. FATHER'S NAME (First, Middle, Lest)	···	110	men	uurei	7					# 01	ne	
_										ddle, Maiden	Surname)		
띪	Monty Reed 190. INFORMANT'S NAME (Type/Print)		-				<u>Cn</u>	rma_	Bevi	1			
2	Mrs. Inez Rados									c, City or Town			
	20a. METHOD OF DISPOSITION	evica	1/5	04	DRLG	nt.	1 Lde	HV	e. B	alto 20c LOG	. , /10	d. 2	1237
	1X Buriel 2 ☐ Cremation 3 ☐ Remove	of from State	cemetery, crema	tony or o	ther place)			^	1			,	O.L.C
1 1	4 Donation 5 Other (Specify) Franklin Memorial Cem 4/26 Rocky Mount, Va. 21. SIGNALUM OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	2 A DE	0			1	lant	+ Len	Mi	1100	Fun	onal	Ham	
Ш	23. PART I. Enter the diseases, or conechook, or heart fellure. Lit	Wen				7527	7 Ha	rlo	nd R	d. B	alto	M	d. 21234
	23. PART I. Enter the diseases, or con ehock, or heart fellure. Lit	nplications that	caused the deat	h. Do r	ot anter ti	ha mod	e of dyle	ng, such	ss cardle	sc or respir	atory arres	t,	Approximata
	IMMEDIATE CAUSE (Finel		oo on odon mie.										Interval Between Onset and Death
	disease or condition resulting in death)	Masiv	e myocar	dia	linf	arci	tion						
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Z	Sequentially list conditions, b.		o arteri			ic	card	iovas	scula	r dis	ease		1
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUE	ENCE OF	7):								
일	CAUSE (Disease or Injury C.	OHE TO	OR AS A CONSEQUE	THOS OF									
Ē	that initiated events resulting in death) LAST	DOE 10 (OH AS A CONSECUE	ENCE OF	·):								
CERTIFICATION	d.				-								
CAL	PART II. Other algnificent conditions	contributing to	deeth but not ree	uiting i	n the und	erlying	ceuse g	lven in P	Part I. 2	4a. WAS AN			RE AUTOPSY FINDINGS
										PERFOR	1	CO	ALABLE PRIOR TO MPLETION OF CAUSE
MED											1		DEATH?
ا ټا									_			'	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DE	ATH (Chec	ck only one)				
Sic	1 TES 2 NO 1	OSPITAL:	ER/Outpatient 3 🗆	DOA	OTHER:	ng Home	5 Res	Idence 6	Other ((Specify)	_		
美	27. MANNER OF DEATH	28e. DATE OF		26b. TIM	E OF 2	8c. INJU	RY AT			RIBE HOW IN	JURY OCCUP	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, rear)	INJ	M M	WOR	K7	NO					
ED B	3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At home,	, farm, s	treet, tactor	y, office			261. LOCAT	ION (Street at	nd Number or	Rural Floute	Number,
	4 Homicide determined		ites (apoony)						Gity or	Town, State)			
الةا	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the bast of i	my knowledge, death	occum	d at the tim	e. date e	nd place	and due t	o the course	(a) and man	ner on stated		
COMPLET	one) 2 MEDICAL EXAMINER:												d menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		·				29c. LICEI						
BE		ega >					aru, LIUEI	13E NUME	DE.R		DATE S	INED (MO	onth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUS	E OF DEATH (ITEM 2	7) (Type	Print)								
	DR Luis Ortega M.D	9000 Fra	inklin Sq	uar	e Dri	ve n	alti	more	Man	vland	21237	7	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAF	I'S SIGNATURE				u i C l	more	1101	yrunu	C160/		
. 10	APR 27 1993	32. REGISTRAF	1- Anndell										



Molyphon

APR 2 7 1993

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 04 22 RANDELL 9:06 LEE BOOK, JR, P 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formior 432-51-7986 MONTHS Dec 31, 1972 DAYS 1X M 2 | F acksonville.N 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 109 POST OFFICE ROAD CHARLES 10c. CITY, TOWN OR LOCATION Waldorf 10b. COUNTY 10d. INSIDE CITY Charles 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3622 Mountain Ash Court 20501 USA 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Duben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. IF YES, GIVE WAR OR OATES BY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. OECEOENT'S EOUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ndery (0-12) College (1-4 or 5+) Student 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Randell Lee Book, Sr. notified at Pamela Logsdon BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3622 Mountain Ash Court, Waldorf, Md 20601 0 Randell Lee Book, Sr. e 20a METHOD OF DISPOSITION
1 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Mitchell Cemetery 4 Donation 5 Other (Specify) 4/27/93 Greenway, Arkansas 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Dean P. Charlton 22 NAME AND ADDRESS OF FACILITY Charlton Funeral Home 2007 Eastern Avenue, Baltimore, MD 21231 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or heart failure. List only one cause on each line. Intarval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition gurstot wound OF CHAKT resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 □ Nursing Home 5 □ Residence 🖎 Other (Specify) Rear of bowling alle 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 8:56P 1 YES 2 NO BY 04/22/93 SUBJECT WAS SHOT 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) ETED 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide 109 POST OFFICE RD. BOWLING ALLEY 29e. CERTIFIER

(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Bre4/relo ▶ 04/23/1993 O.C.M.E. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

DHMH-16 Rev 1/89

21201

	1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	ICAT	T OF H	DEAT	AND A		HYGIEN			, 11041
	DECEDENT'S NAME (First, Middle, Last) LOUIS	CLAUDE BUF	CH JR.						2. DATE OF	DEATH 2	Ţ	93"	3. TIME OF DEATH 4:12 P
		1 XXM 2 □ F	AGE (In yrs. Ia:	ol birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month 1) 5/12	вити у 17		s. BIRTH	PLACE (State or Foreign Fyland
OR	9a. FACILITY NAME (If not institution, give stre Broadmead	et and number)		Ti	9b. CIT	COCKE	ysvil		HTA		9c. COUN	ITY OF D	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
AL DI	Maryland B	altimore		Cockeysville						10g: CITI	LIMITS? 1 □ YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	13801 York Road						2103				USA		
ВҰ	11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 A.M. FORCES? 1 YES 2 A.M. IF YES, GIVE WAR OR DATES				1 ☐ YES XXXNO Specify: Specify:						, White, etc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working								16b. KII	ND OF BUS	SINESS/IND	USTRY	200	
MPLE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Administrator 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working kills. Do NOT use refered.) Administrator 16b. KIND OF BUSINESS/IN 16b. KIND												
	17. FATHER'S NAME (First, Middle, Last)						1e. MOTH		ME (First, Midd				
) BE	Louis Claude Burch 198. INFORMANT'S NAME (Type/Print)		19	b. MAILINO	ADDRES	SS (Street a	nd Number		tance B			Code)	
5	Richard Burch												d 21204
	20a. METHOD OF DISPOSITION 1 Burlal 2 VIXCremation 3 Remove 4 Defiation 3 Other (Appen)	al from State	cametery, cre	malory or o	her place	1.	me of		4/27	1	CATION - C	-	
	21. STORATURE OF FUNERAL RETWISE LICES	renous		0000000	22	. NAME AN	O ADDRES	s of fac	chell-W	iedefe	eld Ha	ne	ryland
\dashv	Dennis Stephen X 23. PART I. Enter the diseases, or co			0640	65	500 Yo	nk Roa	ad Bai	ltimore	, Mary	/land 2	21212	
	enock, or neert failure. Li iMMEDIATE CAUSE (Finei	R CNA	on each line	FAILURE S A CONSEQUENCE OF):						Approximata interval Between Onset and Daath			
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OF	AS A CONSE	DUENCE OF	7:								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSE	OUENCE OF	7):								
MEDICAL	PART II. Other algorificent conditions PERT PURITAL 3/P CUA HBP					nderiying	ceuse g	iven in F		PERFORI	MED?		WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Chec	ck only one)				
PHYSICIAN:	1 TYES 2 NO 1	26s. DATE OF INJ	URY	28b. TIMI	4 🗌 Nu	rsing Home	JRY AT		28d. DESCRI		JURY OCC	URED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,			M		ES 2 _						
	3 Suicide 8 Could not be determined	28e. PLACE OF IN- building, atc.	PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify)					201. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICI. 2 MEDICAL EXAMINER:												and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						Month, (Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	consisted for	TE OF ATT I	4.070	D-I-r:		Do	301	(•	4/2	6/23
	Robert H. Wiedef	eld 3313 P	aper Mi	127) (Type, 11 Roa	enni) d Pho	penix	Marvla	and 2	1131			P	/
	Robert H. Wiedefeld 3313 Paper Mill Road Phoenix Maryland 21131 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trape filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

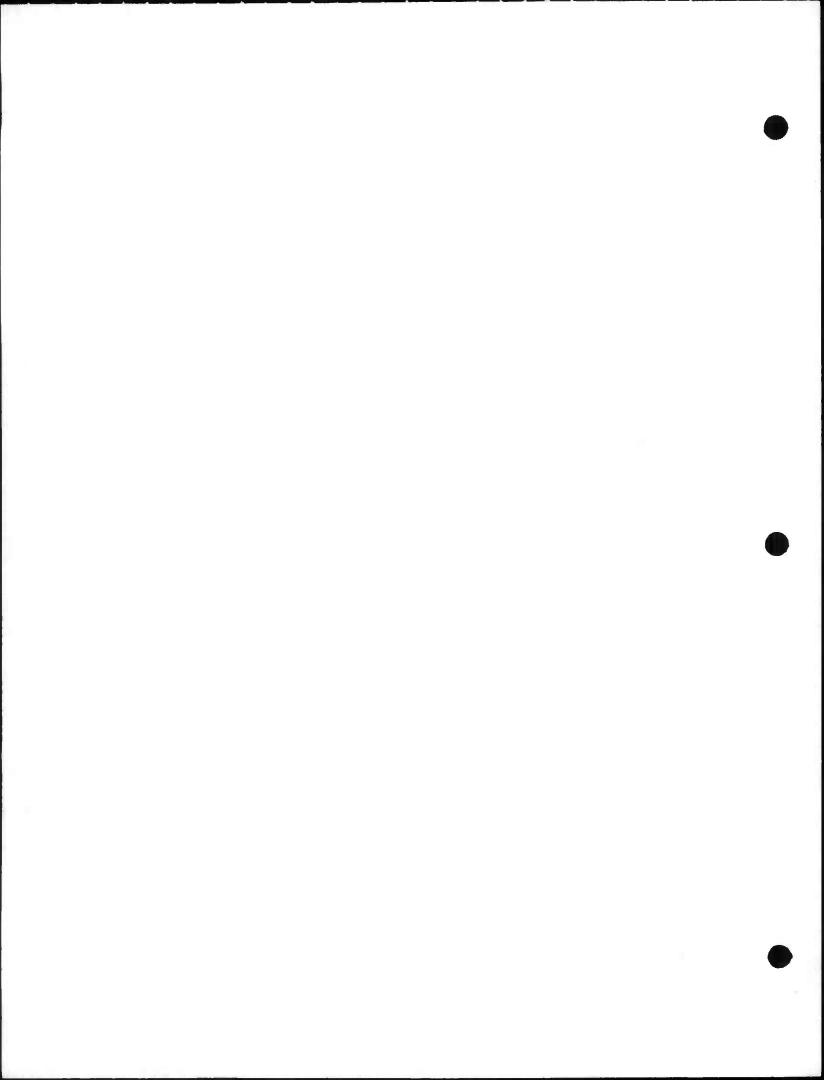
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 8

1, 2, 3 should

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

APR 27 1993 Julie Teviden Fonder



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by exemplant or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shounds enturing for use has find within 20 hours of the funeral director, page 5 shounds enturing for use	The most state of the marked, or fleen 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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	10	24	IMP

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI	MENT OF H	EALTH AN	D MENT	AL HYGIEN	E) (0 11046
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF OEATH			3. TIME OF OEATH
1	Elmer	Nathaniel	Cr	cum		0	итн <u>ы</u> 4 2	4 199	YEAR	4:26P. W
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs. I	ast birthday) I	F UNDER 1 YEAR	IF UNDER 24 HP	s. 7. DA	TE OF BIRTH		BIRTHE	LACE (State or Foreign
		X M 2 □ F 80	YRS.	ONTHS DAYS	HOURS MI	Oct	onth, Day, Year)	212	Per	nna.
_	9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH									
DIRECTOR	300 Margaret A	venue		Esse	X			Bali	imo	ore
EC	10e. STATE 10b. COUNTY	10c. CITY. 1	TOWN OR LOCAT						10d. INSIDE CITY	
뜸	MD Balt	timore		Esse						LIMITS?
	10e. STREET AND NUMBER			101	. ZIP CODE			10a, CITIZE		1 YES 2 1 NO
E	300 Margare	ave.			212	21			USA	
FUNERAL	11. MARITAL STATUS 12	WAS DECEDENT EVEN WILLO	RMED	13. WAS DEC	ENDENT OF HIS	PANIC ORI	GIN? (Specify Yes	or No— 1	. RACE	- American Indian,
ВУБ	1 Never Married 2 Merried 2 Wildowed 4 Divorced	FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	22	1 YES	2 NO Sp	xicen, Puerl ecify:	o Rican, etc.)		Black, Specify	White, etc.
	15. OECEDENT'S EDUCAT	1011								
12	(Specify only highest grade con	npleted)	Give kind of work Gove kind of work fe. Do NOT use n	UAL OCCUPATION done during mo	N st of working		6b. KIND OF BUS	INESS/INDUS	STRY	
7	Elementary/Seegndary (0-12)	College (1-4 or 5 +) ""	Tool	and Di	e Make	r	Ar	eo-Sp	ace	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (Firs	, Middle, Maiden	Sumamal		
BE C	Andrew Crum				Eli	zabet	h Mary	kle:	insc	rzen
10 B	19e. INFORMANT'S NAME (Type/Print)	.1	9b, MAILING AD	DRESS (Street e	nd Number or Ru	ral Route No	mber, City or Town	n, State, Zip Ç	ode)	
ř	Thomas F. Crum, Sor	1	4900 1	Millers	Stati	on Kd	• Hamp	stead	, MI	21074
	20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal	1 from State	AND OATE OF	DISPOSITION (Na	ma of	D	TE 20c. LO	CATION — CI		
	4 Donation 5 Other (Specify)	HOTT	y HIPT	_			4/47/93	Eal	timo	re Co., MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	61.	/	1000	D ADDRESS OF					
	More L	myguer					ral Hom		M	0.000
	23. PART I. Enter the diseases, or com	plications that caused the d	eath. Do not	enter the mo	de of dying,	uch aa c	ordiac or reepi	retory arres	it,	Approximate
	IMMEDIATE CAUSE (Finel	tomy one cause on each lin	16.							Interval Between Onset and Death
	disease or condition resulting in death)	Arterioscle	erotic	Card	iovaso	cular	Dise	ase		
		DUE TO (OR AS A CONSI	EOUENCE OF):							
ON	Sequentially list conditions, b.	DUE TO (OR AS A CONSE	TOUT NOT ON							
¥.	If any, leading to immediate cause. Enter UNDERLYING	DOE TO JOH AS A CONSE	EOUENCE OF):							
표	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):							
CERTIFICATION	resulting in deeth) LAST									! [
	PART II Other significant conditions a	and discount on the state of the state of								
CAL	PART II. Other significant conditions of	ontributing to death but not	resulting in t	he underlying	ceuse given	In Part i.	24a. WAS AN PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă						-	1 _ YES 2	NO NO		OMPLETION OF CAUSE OF DEATH?
Σ							Inqu	irw	1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			24 84	LOS OF DELY			TTY	<u></u>	
PHYSICIAN: MEDICA		OSPITAL: inpatient 2 ER/Outpatient		THER:	ACE OF DEATH					
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME O	Nursing Home		_	her (Specify) ESCRIBE HOW IN	JURY OCCU	PED.	
ВУР	1 Natural 5 Pending	(Month, Day, Year)	INJURY		ES 2 NO	1 25,555				
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm, stree	et, factory, office		26f. LC	CATION (Street e	nd Number or	Rural Ro	ute Number,
I	4 Homicide determined	Continue (Continue)				"	ly or Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	Y: To the best of my knowledge, d	eath occurred a	t the time, date	end place, end	due to the c	ause(s) end men	ner as stated.		
™		on the basis of examination end/or								and manner ee stated.
	296. SHATURE AND TITLE OF CERTIFIER	1/			29c, LICENSE					Aonth, Day, Year)
) BE	Myros Me	Yall				M.E.				24/1993
٩	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Pri	nt)						
	Margarita Koreli		Penn	Stree	et, Ba	altin	nore,	Maryl	and	21201
	31. DATE FILEO (Month, Day, Ybar)	32. REGISTRAR'S SIGNATURE	10				·			
	APR 27 1993	· January pande	الكك	16						

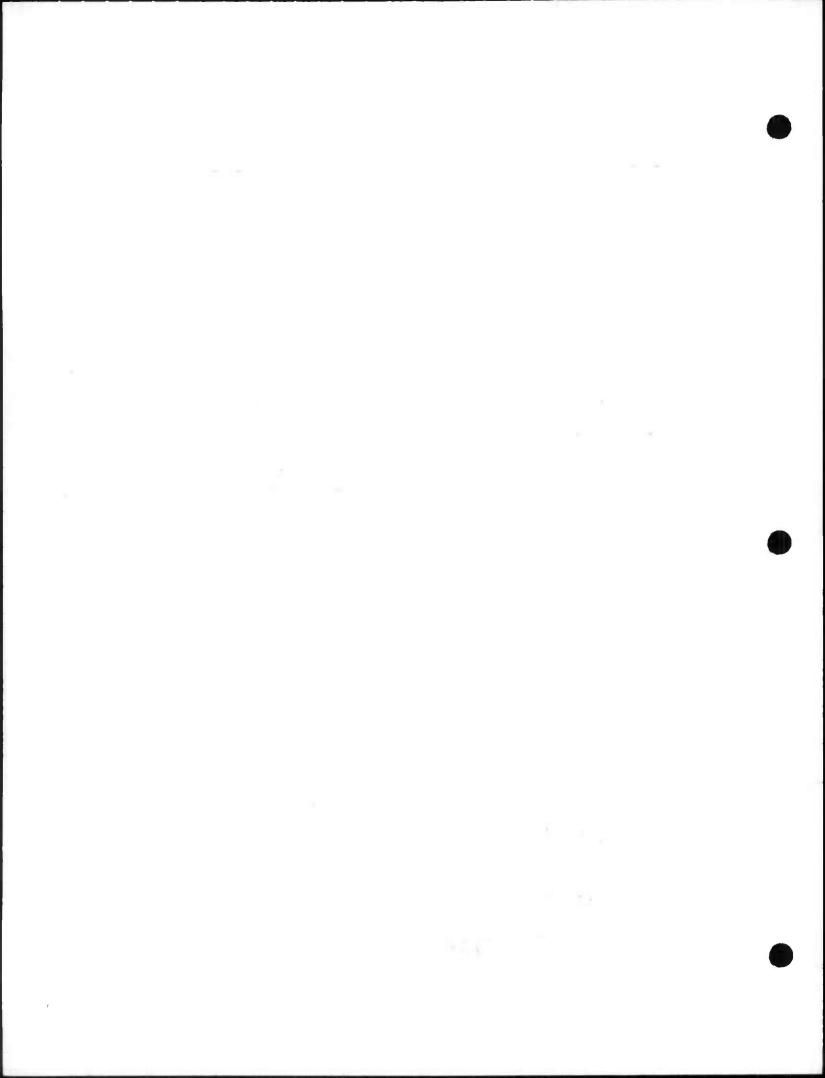
• • .

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR		CERTIFI	CATE OF	DEATH	REC	G. NO.		
		1. DECEDENT'S NAME (First, Middle, Last)	RORGE	R. (CHAN	Jes	2. DATE OF DE	ATH DAY	YEAR 3. TH	IME OF DEATH
	3	4. SOCIAL SECURITY NUMBER 212-01-4550		-	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month), Day,	Year)	8. BIRTHPLACE Country)	./ /
3 should		9a. FACILITY NAME (If not institution, give s		0	9b. CITY, TOWN C	OR LOCATION OF DE	11/22,		TY OF DEATH	110011
1, 2,	СТОВ	Baltimore Cour	rty General	Hospital	RAND	PAUSTO	WN	B		MORE
Pages	DIRECTOR	MD 10b. COUNT	utimore	10c. CITY,	Rayida	11s towi	1			INSIDE CITY LIMITS? YES 2 NO
n. ansit permit.	FUNERAL	9109 Liber	rta Rd		101.	ZIP CODE 2113	3	10g. CITIZ	USA	COUNTRY?
21215-0020 If or attending physician. For use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☑ YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECI	ENDENT OF HISPAN ecify Cuban, Mexica 2 NO Specify	n, Puerto Rican, e	pify Yes or No—	14. RACE — An Black, White Specify;	nerican Indian, te, etc.
215-0 attending se as the	ED B	15. DECEDENT'S EDU	WW II	16a. DECEDENT'S U	INIAI OCCUPATIO	<u></u>	T 425 KIND		Whi	te
2121 al or att		(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during mos	IN st of working	100, KIND	OF BUSINESS/INDU	ISTRY	
O g g	COMPL	8th		Assemb1	ly Line		Gener	al Motor	s	
A 5 5 6 5 6	-	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		,		
		Robert Chanc	<u>e</u>	T 405 MAILING				en Coli		
5 5 to 1	TO BE	Mr. Raymond Chanc	e	Rd 1 Bc		nd Number or Rural F Brodbec		or Town, State, Zip (Code)	
may be	00 15	20s. METHOD OF DISPOSITION	206	. PLACE AND DATE OF	F DISPOSITION (Nat			20c. LOCATION — C	aty or Town, St	inte
	1000	Market 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	L	netery, cremetory or other oudon Par	ek Cemet	ery	4/28	Baltimo		
ALTIM teath. Page funeral direc	exammer	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	Byers F	CILITY			
70		slephon /1	1 years		8728 L	iberty R	oad Ra	ndallsto	own. ME	21133
urs after in by the removal		23. PART I. Enter the diseases, or a shock, or heart fellure.	complications that ceused List only one ceuse on e	d the death. Do no	ot enter the mod	de of dying, such	n as cardiac or	reapiratory arre	est,	Approximate
file on,		IMMEDIATE CAUSE (Fine)	INTRAC		11	10.6	Tiol			Onset and Death
within mpletely cremati	evenit, 1	resulting in death)	a. JNTCAC	CONSEQUENCE OF	V6177	z' curs	- IXCH	y CARDA	4	
executed vand composition of burial, composition			DUE TO (OR AS A	CONSEQUENCE OF)	ji.					
E ← 5	5	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):):				-	
cate be	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
Sing Bar S		that initiated events resulting in deeth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	6					
death death atten			d							
E The H		PART II. Other significant condition				r 1 - 1/2-	P	WAS AN AUTOPSY PERFORMED?		AUTOPSY FINDINGS ABLE PRIOR TO
eafth eafth	EDIC	sea nujor		7 soltu		- Light	usis,	YES 2 NO	COMP OF DE	PLETION DF CAUSE EATH?
v requir	Σ	ASCUD	C/p Migra	el valu	se og	MACEN	2		10	YES 2 NO
AL he law he law has be Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chi	ick only one)			
SICIAN: The certificate he the State (YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	e 5 🗆 Residence		(fv)		
HYSICIA this certif with the		27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c, INJU	URY AT		HOW INJURY OCCU	JRED	
After the death w	BY Pt	1 Natural 5 Pending 2 Accident Investigation	1 1000		M 1 🗆 Y	ES 2 NO				
TTEN TTEN 34 after 34		3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec	— Al home, farm, str ⇒f(y)	reet, fectory, office		281. LOCATION (City or Town,	(Street and Number o , State)	r Rural Route N	umber,
	APL.		ICIAN: To the best of my knowl							
HOSPITAL FUNERAL Within 72	00	2 MEDICAL EXAMINE	R: On the besis of examination	n and/or investigation,	, in my opinion, de	with occured at the	time, dete and pla	ice, end due to the	cause(a) and n	nanner as stated.
里里 是	BE	296. SIGNATURE AND TITLE OF CERTIFIER	· P	(4.)		29c. LICENSE NUM		29d. DATE	SIGNED (Month	1, Day, Year)
223	2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Time 6	Print	2) 190	502	1 4	>6	43
		ortavoo B.	CONANAL	v ms	Bes	D 19	ANDAKES	Town	ked.	2-1133
		31. DATE FILED (Month, Day, Year) APR 2.7 1993 Audit	32. REGISTRAR'S SIGNA	ATURE						
	1 07	THE PART TON	AND BRIGHT (IC) BY ONE (VINALICA)	ALCOHOL: SALES						

SALLIMORE, MARYLAN	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The way may be death certificate be executed within 24 hours after death. Page 6 may be retained by the his	TO THE FUNERAL DIRECTOR: After this certificate from personal attending physician and completely filled in by the funeral director, page 5 should be detact	be filed within 72 hours after death with the State Death of the Mental Hygiene prior to burial, cremation, or removal.	AND ADDRESS OF TAXABLE AND ADDRESS OF TAXABLE
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		FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN		3 11850
		1. DECEDENT'S NAME (First, Middle, Last)	Lewis Jul				2. DATE OF DEATH	3 199	3. TIME OF DEATH
pino		4. SOCIAL SECURITY NUMBER 213 = 28 = 7619 9a. FACILITY NAME (If not institution, give	XX M 2 D F	60 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 6-10-193	2	BIRTHPLACE (State or Foreign Country) West Virginia
: 1, 2, 3 should	DIRECTOR	2126 Willow Spr	ing Road		Dun	dalk	EATH	9c. COUNTY	Baltimore
rmit. Pages	AL DIRE	10e. STATE 10b. COUNT Maryland 10e. STREET AND NUMBER	Baltimore	10c. C	TTY, TOWN OR LOC	Duni	dalk		10d. INSIDE CITY LIMITS? 1 YES 2 NO
burial-transit permit.	FUNERA	2126 Willow Spri	12. WAS DECEDENT EVER II			IOF. ZIP CODE	21222 HC ORIGIN? (Specify Yea		United States RACE - American Indian,
å.	D BY FI	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2XXNO	It yes, i	specify Cuban, Mexica ES 2 NO Specify	in, Puerto Rican, etc.)	18.	Black, White, etc. Specify: White
ed for use as	ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th Grade	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S USUAL OCCUPATION (Give hind of work done during most of working life. Do NOT use relified.) Welder			16b. KIND OF BUS		eel Corp.
detach once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		werne	<i></i>	16. MOTHER'S NA	ME (First, Middle, Maiden		eer corp.
8 %	BE	Matthew B. Coll	ins				eve Bennet		
5 should	2	19a. INFORMANT'S NAME (Type/Print) Mrs. Betty L. Co	allins				Route Number, City or Town		
page :		20g. METNOD OF DISPOSITION 1 © Burial 2 Cremation 3 Ram	206	h PLACE AND DATE	E OF DISPOSITION /	Name of	DATE 200. LON	CATION CH.	an Town Chat-
r must	8	4 Donation 5 Other Care In	10	netery, crematory or Sacred F	t of Je	sus Cem. 4,	/26/93 Bo	altimo	re. Maryland
the funeral dir val.		21. SIGNATURE OF FUNERAL SERVICE U	CENTE		Duda-	Ruck Fund	eral Home (nue Dunda	of Dune	dalk. Inc.
I the attending projection and completely miled in by the funeral director, page Mental Hygiene prior to burial, cremation, or removal. Injury, or other traumatic event, the medical examiner must be	6	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on a	aech lina.	not entar the m	noda of dying, such	an e Tas	retory arrest	Approximate Interval Between Onset and Death
to burial, cr	NOL	Sequentially list conditions, if any, leading to immediate	· To (A CONSEQUENCE	- 0	nd t	5046		
ending physician and c I Hygiene prior to buria or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	CDUE TO (OR AS /	A CONSEQUENCE (OF):				
Mental H		DARK II Other classificant condition	d						
of Heath and In	PHYSICIAN: MEDICAL	PART II. Other significant condition	18 contributing to death b	ut not rasulting	j in the undarlyi	ng ceuse givan in i	Part I. 24a, WAS AN PERFOR 1 TYES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
12 E	IAN	25. WAS CASE REFERRED TO MEDICAL	Г———		26. (PLACE OF DEATN (Che	-t- cat- cas		
he State	SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 🗆 DOA	OTHER:	me 5 Residence			
Affer this certificate lead death with the State Deat s marked, or item 23	ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)		ME OF NJURY W M 1	JURY AT YORK? YES 2 NO	26d. DESCRIBE HOW IN	NJURY OCCURE	EO
urs after de		3 Suicide 8 Could not be 4 Nomicide datermined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm,	, street, factory, off	ica	261. LOCATION (Street a City or Town, State)	and Number or R	Rural Route Number,
ID THE FUNERAL DIRECTOR: De filed within 72 hours after IMPORTANT: 11 Hem 28 Is	COMPLET	One) 2 MEDICAL EXAMINE	SICIAN: To the best of my knowl ER: On the besis of examination						nuse(a) and manner as stated.
be filed v	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND APPRESS OF PERSON WH	Horbat	3 M	. O.	29c. LICENSE NUM 0 2 7	93 F	PAPE	GNED (Month, Dey, Year) -, (23, 1993
		Mayer Go	, v 6 a Ty	7 95	Aga	ahart	Rd.	Glea	Burace
3		APR 27 1993 4	lia Davidson-Hon	delle					

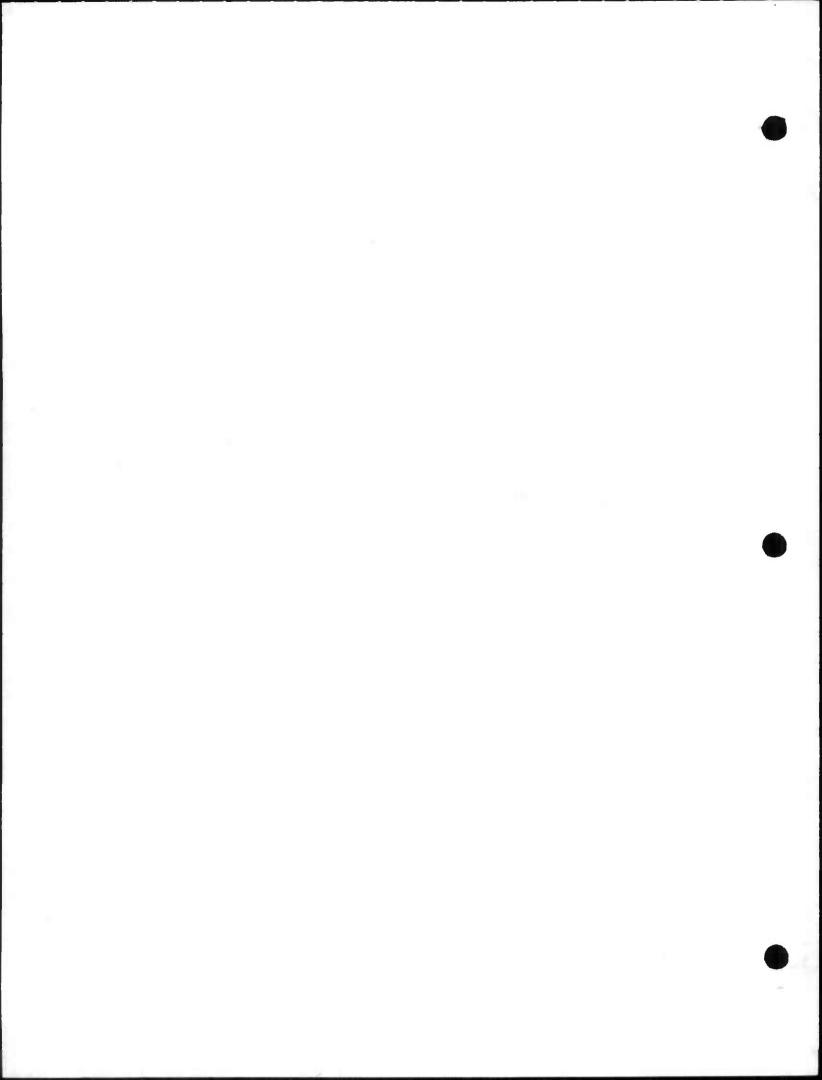


1	6	7	
D, BALTIMORE, MARYLAND 21215-0020	ithin 24 hours after death. Page 6 may be retained by the hospital or attending any and any	ettely filled in by the funeral director, page 5 should be detached for use as the burnishing emation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attended at the hospital or attended to the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use an time burning the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		S	STATE OF I	MARYL		DEPAR		
TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First 4. SOCIAL SECURITY NUM 213-26-807: 90. FACILITY-NAME (II not in PRESIDENCE OF DECEDIOR STATE MARYLAND 100. STREET AND NUMBER 4006 SPRING 11. MARITAL STATUS 1 Never Merried 2 Not on the state of the state	DEEDENT 10b. COUNTY	HOV	SEX XXM 2 F BOOTHUMBERY VARD DRIVE WAS DECEDEN	IT EVER I	(In yrs. Ias	E]	9b. CIT	OR LOCA
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 ACCOUNTANT 17. FATHER'S NAME (First, Middle, Last)								during m
	ROBERT O. C 19a. INFORMANT'S NAME (I CHRISTINE L 20e. METHOD OF DISPOSIT 1 Dipuriel 2 Crematic 4 Donation 5 Other 21. SIGNATURE OF FUNERA	ype/Print) CLAR ION ION □ Rem (Specify)	oval	from State		PLACE	4006 AND DATE	SPR	ING SITION (A
N: MEDICAL CERTIFICATION	28 PART/I. Enter the dehock, or himmediate cause (Fir disease or condition resulting in deeth) Sequentisity liet condit if any, leading to immediate. Enter UNDERLY. CAUSE (Disease or injusted intitiated events resulting in death) LAS PART II. Other eignifice	lons, diete	b	DUE TO	(OR AS	CONSECUTION OF THE CONSECUTION O	DUENCE O	Pi:	er the m
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 YES 27. MANNER OF DEATH	O MEDICAL		DSPITAL: Inpatient 2 280. DATE OF (Month, D	INJURY	patient 3	28b. TIM		26. P R: rsing Hor 28c. IN

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND N DEATH	MENTAL HYGIEN	E	
3	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	. Clark		FUNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH 4 MONTH DA 7. DATE OF BIRTH (Month) Day, Year 14	210	HRTHPLACE (State or Foreign
OR	213-26-8072 90. FACILITY-NAME (II not institution, give str		3 YRS.	b. CITY, TOWN O	R LOCATION OF DE	1/da/1	9c. COUNTY (NARYLAND OF DEATH
DIRECTOR		OWARD		ICOTT (10d. INSIDE CITY LIMITS? 1 YES XXX NO
FUNERAL	100. STREET AND NUMBER 4006 SPRING MEADO	W DRIVE		10f.	ZIP CODE 21042		109. CITIZEN	of what country?
B≺	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XX ES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECI	ENDENT OF HISPANI city Cuben, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	1 '	RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of work life. Do NOT use no ACCOUNTA	k done during mos etired.)	N It of working	166, KIND OF BUS		ąγ
S	17. FATHER'S NAME (First, Middle, Lest)		ACCOUNTA	NI	18. MOTHER'S NAM	E (First, Middle, Maiden		
BE	ROBERT O. CLARK				SADI		N	
2	19a. INFORMANT'S NAME (Type/Print) CHRISTINE L. CLARI	K (WIFE)	1			oute Number, City or Town		21042
	20e. METHOD OF DISPOSITION 1 Dauriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	20b.	PLACE AND DATE OF I	DISPOSITION (Nat	ne of	DATE 20c. LOC	CATION — City of	Y. MARYLAND or Town, State CITY, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN LEROY	M. & RUS	ILITY	TZKE FI	UNERAL HOMES
	24 PART I. Enter the discours, or control of the co	interpretations that coused lat only one couse on es	the deeth. Do not sch line.	enter the mod	le of dying, such	as cerdiec or reepir	ratory arrest,	Approximats interval Between Onset and Deeth
N	Sequentisity liet conditions,	DUE TO (OR AS A	CONSEQUENCE OF):	all	Memo	Theel	P	
CATIC	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OH AS A	CONSEQUENCE OF):			(1	
CERTIFICATION	that initiated events resulting in death) LAST	inte	CONSEQUENCE OF):	sel t	leed			
JICAL	PART ii. Other eignificent conditions	contributing to death bu	at not recuiting in t	the underlying	ceuse given in F	Part I. 24s. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						_		OF DEATH?
ICIA		HOSPITAL:	0	26. PL	ACE OF DEATH (Chec	ck only one)		
	27. MANNER-OF DEATH 1/ Natural 5 Pending	1 Inpatient 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Yeer)	28b. TIME O	F 28c. INJU	S Residence 8 RY AT IK? ES 2 NO	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	0
TED BY	Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, ferm, streety)			281. LOCATION (Street of City or Town, State)	nd Number or Ru	irel Route Number,
COMPLET		IAN: To the best of my knowle : On the bests of exemination						se(e) end manner ee stated.
TO BE	296. SIGNATURE AND TITLE OF CENTURES	DINON	1		29c. LICENSE NUME	BER	≥ 4	NEC (Month, Pay, Year)
	31. DATE FILED (Month, DW), Ybar)	COMPANIE OF OEA	Main	nt)	20 5	Green	e SY	(/ /)
	APR 2 7 1993	12. REGISTRAN'S SIGNA	dont				1,000 10 20	

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		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENT	AL HYGIEN REG. NO.	E		11002
		1. DECEDENT'S NAME (First, Middle, Last) Robert F	Drank	iewicz			2. DAT	e of DEATH	4 93	EAR 3.	7 S A
모		4. SOCIAL SECURITY NUMBER 216-20-0328	1 □XM 2 □ F 67	******	INDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mor	e of BIRTH hth, Day, Year) . 29,		BIRTHPLA Country) Mary	CE (State or Foreign
, 2, 3 should	ECTOR	99. FACILITY NAME (If not institution, give s ST JOSCHI RESIDENCE OF DECEDENT	HOSP	ital "	- Andrews	WSO!			BC. COUNTY		MORE
ift. Pages 1,	DIREC	10a. STATE 10b. COUNT Maryland -	Y		WN OR LOCAT						d. INSIDE CITY LIMITS? YES 2 NO
	IAR.	10e. STREET AND NUMBER	N		101	ZIP CODE	0.4				T COUNTRY?
-0020 burial	BY FUNERAL	730 S. Potomac S 11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 14 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	212 ENDENT OF HISPA ecify Cuben, Mexic 2 NO Speci	NIC ORIG			Black, W	American Indian
MARYLAND 21215-0020 retained by the hospital or attending from 5 should be detached for use as burn notified at once.	ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	lone during mo wd.)	st of working	16	b. KIND OF BUS		TRY	
YLAND 21 by the hospital or be detached for u at once.	COMPL	n/a 17. FATHER'S NAME (First, Middle, Last)	n/a	appliance	Techr		105 (F)			•	
AYLA d by the id be de	m	Anthony Drankiew	ricz				B. G. & E. First, Middle, Meiden Sumame) 5 Jagialski				
be retained to 5 should a notified		190. INFORMANT'S NAME (Type/Print) Mrs. Bertha Drar	kiewicz (Wif	(e) 730 S.	POTON	nd Number or Rural nac St.,	Bal	nber, City or Town timore,	, State, Zip Co Md.	21224	1
AORE, pe 6 may be rector, page		20a. METHOD OF DISPOSITION 1) Quriel 2 Cremetion 3 Ram 4 Donation 6 Other (Specify)	oval from State Ga	D. PLACE AND DATE OF OIS ineteral crematory or ether pl LYCENS OF F	aith C	me of Cemetery	4/		cation - ch		
BALTIMORE, after death. Page 6 may be by the funeral director, page moval. cal examiner must be		21. SIGNATURE OF FUNERAL SURVICE LIC	ENSEE SILL		SChin	o ADDRESS OF FO Tunek Fu Brehns	nera Lane	, Balti			21213
P.O. BOX 68760, n certificate be executed within 24 hours anding physician and completely filled in by Hygine prior to burial, cremation, or re- or other traumatic event, the modil	TIFICATION	23. PART I. Enter tha diseases, or shock, or haart failura. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A DEET OF OR AS A DEET OR AS A DEET OF OR AS A DEET OR A DEET OR AS A DEET OR A DEET OR A DEET OR A DEET OR A DEET OR A DEET OR A DEET O	A CONSEQUENCE OF:	Dis	mta	act	7m	ratory arread		Approximate Interval Batween Onset and Death
RECOR v requires that been signed by t. of Health an shows any	MEDICAL	PART II. Other algnificent condition	a contributing to deeth b	out not resulting in the	e underlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?	COL	RE AUTOPSY FINOINGS ILLABLE PRIOR TO MPLETION OF CAUSE GEATH? YES 2 NO
IN: The law ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL	ACE OF OEATH (C/	heck only o	nne)			
SICIAN SICIAN certific th the S		1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY	28b. TIME OF	Nursing Home 28c. INJI		T	er (Specify) SCRIBE HOW IN	JURY OCCUF	NEO	
ON OF OHYS After this death with s marked.	ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y						
S affer 28 4 28 4 28 4 28 4 28 4 28 4 28 4 28	ETED	3 Suicide 8 Could not be 4 Homicide determined	building, alc. (Spec	— Al home, larm, street,	factory, office		281, LO	CATION (Street a or Town, State)	nd Number or	Rural Route	Number,
SPITAL DR A' VERAL DIREC Nin 72 hours VT: If Item			CIAN: To the best of my know R: On the basis of examination							ause(a) and	I manner se stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 important; if i	BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	wthicam h	MD		29c. LICENSE NU 10318			29d. DATE SI	IGNED (Mo	nth, Day, Year)
	10	30. HAME AND ADDRESS OF PERSON WH	o COMPLETEO CAUSE OF OE			Joseph	T	osmot	OP	×H	
		APR 2 7 1993	22. REGISTBAR'S SIGN					T'			

er death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detached ral.	i examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filled within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAR	TMENT	OF H	EALTH	AND 1	MENTAL HYGIEN		3	1185	3
	1. DECEDENT'S NAME (First, Middle, Last)								2 DATE OF DEATH		_	3. TIME OF D	EATH
	Laura	Α.		DIE	iden	io			4 - 25	AY	9 ^{YEAR}	7:00	P . M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I										
					IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT	HPLACE (State of	r Foreign
	218-64-4412	1 🗆 M 2 😾 F	38	YRS.					10-13-19	954		Oh:	LO
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN C	OR LOCATIO	ON OF DE	ATH	9c. COU	INTY OF C	DEATH	
BY FUNERAL DIRECTOR	131 S. Eaton S	t.			В	alt	imor	ce,					
5	RESIDENCE OF DECEDENT												
끭	10a. STATE 10b. COUNTY	r		10.00	Y, TOWN C							10d. INSIDE (HTY
<u></u>	Maryland			B	alti	mor	е					1X YES 2	NO
4	10e. STREET AND NUMBER	-				101	ZIP CODE	E	-	10a. CIT	IZEN OF	WHAT COUNTRY	
S.	131 S. Eaton S	treet					2122	2.4			U.S.		
Z	11. MARITAL STATUS												
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or N It yes, specify Cuben, Mexican, Puerto Rican, etc.)					or No-	14. RAC Blec	E — American i k, White, etc.	ndian,					
≿	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES		1 1	YES	2 NO	Specify	r			Whit	
		<u> </u>											
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. E	DECEDENT'S	USUAL OF	CUPATIO	ON st of workin	er .	16b. KIND OF BU	SINESS/IN	DUSTRY		
ш	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of the. Do NOT u		turing into	or or worker	9					
<u>a</u>	12th	l yea	ir	Nurs	sing				Riverv	lew	Nur	sing	Home
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI-	IER'S NA	ME (First, Middle, Malden	Sumamai	_		
Ö	Aldo A. D'Eug	enio								nave	ntu	ra	
BE	19a. INFORMANT'S NAME (Type/Print)												
2			1						Route Number, City or Tow			004	
-	Tina M. D'Euge	nio		131	S	Eat	on S	tre	et Balto	.Ma.	. 21	.224	
3	20a. METHOD OF DISPOSITION		20b. PLACI	EAND DATE	OF DISPOS	ITION (Na	me of		DATE 20c. LOCATION — City or Town, State				
1	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify En	combmen	t Caro	remetory or o	ther place)	Fai	th C	em.	4-28-93	Ba	lto.	Md.	21
- 9	21. SIGNATURE OF PUNERAL SERVICE LIC		Gar	ue iib			ID ADDRES						
1	./11/ /	//							annino J	r. F	une	ral H	ome
	1 opares	21-	Mus	rent					ling Str				
	23 PART I. Enter the diseases, or o	complications the										Approx	_
	shock, or heart failure.	List only one cau	se on each lin	ne.			30.30 300					Interva	Between
	iMMEDIATE CAUSE (Final			1		()		10)		Onset	and Death
	disease or condition presumal preminary on holus.												
	DUE TO (OR AS A CONSEQUENCE OF):									00/3	,	i	
		DOF 10	(OR AS A CONS	EQUENCE O	F):			1	Divino	00/3		-	
z		DOE 10	. 0 -	EQUENCE O	F):	2	- Inch	1	Johno	043	, ,		
NOI	Sequentially list conditions,	b	(OR AS A CONS	a	ne	2			Joinno				
ATION	if any, leading to immediate cause. Enter UNDERLYING	b	Sleep	a	ne	2		()		2	nes	
FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO	Sleep	EQUENCE O	present.	2	1	(money b		2	non	
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	OR AS A CONSI	EQUENCE O	present.	2		()		2	non	
SERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO	OR AS A CONSI	EQUENCE O	present.	2	,	()		2	, non	
L CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO	(OR AS A CONSI	EQUENCE O	prest	deriving	,	pul.	money h	yro	Then		V EINIMAGE
4	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO DUE TO	(OR AS A CONSI	EQUENCE O	prest	derlying	,	pul.	money h	AUTOPSY	Then	. WERE AUTOPS	OR TO
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entificate has been stoped. The second physician and completely filled in by the funeral director, page 5 should be detached for use as the bursal-ranesh	the State Dept. of Healt, and Mydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows and milen, or other traumatic event, the medical examiner must be notified at once.
D THE FUNERAL DIRECTOR: After this certifi	be filed within 72 hours after death with the	ORTANT: It item 28 is marked, or
	entificate has been stoped. The second physician and completely filled in by the funeral director, page 5 should be detached for use as the bursal-ranesh	ertificate has been school and the the State Dept. of Health and Might

	FOR		L J Zorroo								93	11854
	1 - STATE REGISTRAR	STATE OF I	MARYLAN	D / DEPAR CERTIFI	TMENT () CATE (F HEAI	TH AND	MENT	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Jeannet	+o 1	Lucill	0 D	enni		MON	E OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		rs. lest birthday)	IF UNDER 1 YE		MDER 24 HRS.		ril 25	<u>, 19</u>	93 8 BIRTH	2:25 P M
3	546-74-0021 1 M 2 25 F			YRS.	MONTHS DA		JRS MIN.	(Mor	ith, Day, Year)	01	Country	nesota
œ	90. FACILITY NAME (# not institution, give:		96. CITY, TO	WN OR LO	CATION OF D	EATH			NTY OF DE			
<u> </u>	Convalescent			E	Edge	water			An	ne A	rundel	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR L	OCATION		-			Т	10d. INSIDE CITY LIMITS?
	Maryland Anne Arundel					1000000	Anna	pol	is			1 TES 2 X NO
HA	219 S. Southwo	od Aven	110			101. ZIP		401		10g. CITI	ZEN OF W	HAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	S. ARMED	13. WAS	DECENDE			IN? (Specity Yes	or No—		- American Indian,
ВУ	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	WAR OR DATE:	E LAUNO B			Cuban, Mexica NO Specif		Rican, etc.)		Black, Specify	White, etc.
ED E	15. DECEDENT'S EQU	CATION	1 10	a. DECEDENT'S (IELIAL OCCU	DATION		1 40				White
<u></u>	(Specify only highest grade			(Give kind of w life. Do NOT use	ork done durin	g most of s	vorking	16	b. KIND OF BUS	INESS/IND	USTRY	
COMPLET		4		D	ietic	ian			Vetera	ans .	Admi	nistratio
	17. FATHER'S NAME (First, Middle, Last)		-			18.	MOTHER'S NA		Middle, Melden		-	
n	19a, INFORMANT'S NAME (Type/Print)		<u>F</u>	Ertz	DDDF00 (O				navai nber, City or Town			
2	John J. Denni	S										MD 21401
	20a. METHOD OF DISPOSITION 1 General 2 A Cremation 3 General		20b. PL	ACE AND DATE O	FOISPOSITIO	N /Nama of		0.0	TE 20c LO	CATION (City of Tou	on Ctate
	4 Donation 5 Other (Specify)		- Me 1	y, cremetory or oth	emato	ry,	Inc.	4/2	6 Ba	alti:	more	, MD
	21. SIGNATURE OF PUNERAL SERVICE EN	ENSEE	w		Cre	mat	ion S	OC1	ety of	e Md	1	nc.
4	George E.				299	Fr	ederi	ck	Road I	Balt	ο.,	MD 21228
	23. PART i. Enter the diseases, or ahock, or heart feliure.	complications the List only one cau	t ceused the	ine.	ot enter the	mode o	f dying, suc	h es cei	rdiec or respin	ratory erro	est,	Approximate Interval Between
	iMMEDIATE CAUSE (Finei disease or condition	1)		Tros	3							Onset and Beath
	resulting in death)	a. DUE TO	OR AS A CO	NSEQUENCE OF	:							yes
5	Sequentially list conditions,	b										
EHILICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	IOR AS A CO	NSEQUENCE OF)	•							
	CAUSE (Disease or injury that initiated events	C. OUE TO	(OR AS A CO	NSEQUENCE OF)	:							
Į.	resulting in deeth) LAST	d										
١	PART ii. Other aignificent condition	a contributing to	deeth but r	not resulting in	the under	lying csu	se given in	Part i.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
3									PERFORI			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL												1 TYES 2 NO
į	25. WAS CASE REFERRED TO MEDICAL											
PHISICIAN	EXAMINER?	HOSPITAL:	EB/Outpatta		OTHER:		OF DEATH (Ch					
	27. MANNER OF DEATH	28a: DATE OF	INJURY	26b. TIME	OF 28c	INJURY A	Rasidence		er (Specify) SCRIBE HOW IN	JURY OCC	URED	
	1 X Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation (Month, Day, Year) I YES 2 NO											
	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — / etc. (Specify)	At home, farm, st	reet, factory,	offica		261. LOI City	CATION (Street as	nd Number	or Rural Ro	ute Number,
	DA- OPPOSITION											
COMPLE	(Check only CERTIFYING PHYSI											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIES		-		y opinic	7	LICENSE NUA		- and piece, and			
	Lan V	House	الاسع	11)		1	216	5	29		4/26	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH	(ITEM 27) (Type, I	Print)		-100	-			17 20	1111
	Joyna B. Lowe,	MP	600 R	idgely	Ave	. A1	nnapo.	lis	, MD 2	1401	1	Suite 131
	31. DAT APR 2.6" 1993	J. DESTINA	D.E. SIGNACTI	RALL	4							

1 - FOR STATE REGISTRAR

10e. STATE

Alabama

11. MARITAL STATUS

10e. STREET AND NUMBER

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DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate to proceed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physics, and come tell mailed within 72 hours after death with the State Dept. of Health and Mental hygiene pre-
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COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

28 Item

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VSICIAN: The law requires that the death certification and are provided by the hospital or attending it	s certificate has been signed by the attending physics, and converted the funeral director, page 5 should be detached for use as the introduced page of Health and Mental Motiene presents and the State Dept. of Health and Mental Motiene presents and the state Dept.	id, or item 23 shows any injury, or other trummits errort, the medical examiner must be notified at once.
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93 11855 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Margaret M. Doerr YEAR MARGARET DOERR 2:50 AM 4 6. AGE (in yrs. last birthday) 4. SOCIAL SECURITY NUMBER 8. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Sept. 25, 1905 North Carolina DAYS Unavailable 1 M 2 F F 87 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SHARON NURSING MONTGOMERY HOME JLNEY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Montgomery Montgomery 1 X YES 2 NO 10f. ZIP COOF 10g. CITIZEN OF WHAT COUNTRY? 7512 Mossy Oak Dr. 36117 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White 3 X Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 186. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Philip Franklin McGirt Annie Mitchell 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARGARET WOLFE (daughter) Same as 10 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20a, METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 1 💢 Burial 2 🗆 Cremation 3 🗆 Removal from State Arlington National Cemetery 4 ☐ Donation 8 ☐ Other (Specify) Arlington, VA 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
David L. Sauers Funeral Home Falls Church, VA 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** MUNIARNA TAKARCTION

resulting in death)	DUE TO (OR AS A CONSEQUENCE	E OF):	ARC HOIV			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b					
PART II. Other algnificant condition AUZ HEIMER'S	na contributing to death but not resulting	ng in the underlying cause given i	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO		
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □ Inpatient 2 □ ER/Outpetient 3 □ DO	e 8 🗆 Other (Specify)				
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	TIME OF 183c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCU	EȘCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At home, tar building, atc. (Specify)	28e. PLACE OF INJURY — At home, farm, atreet, factory, office 28f, LO				

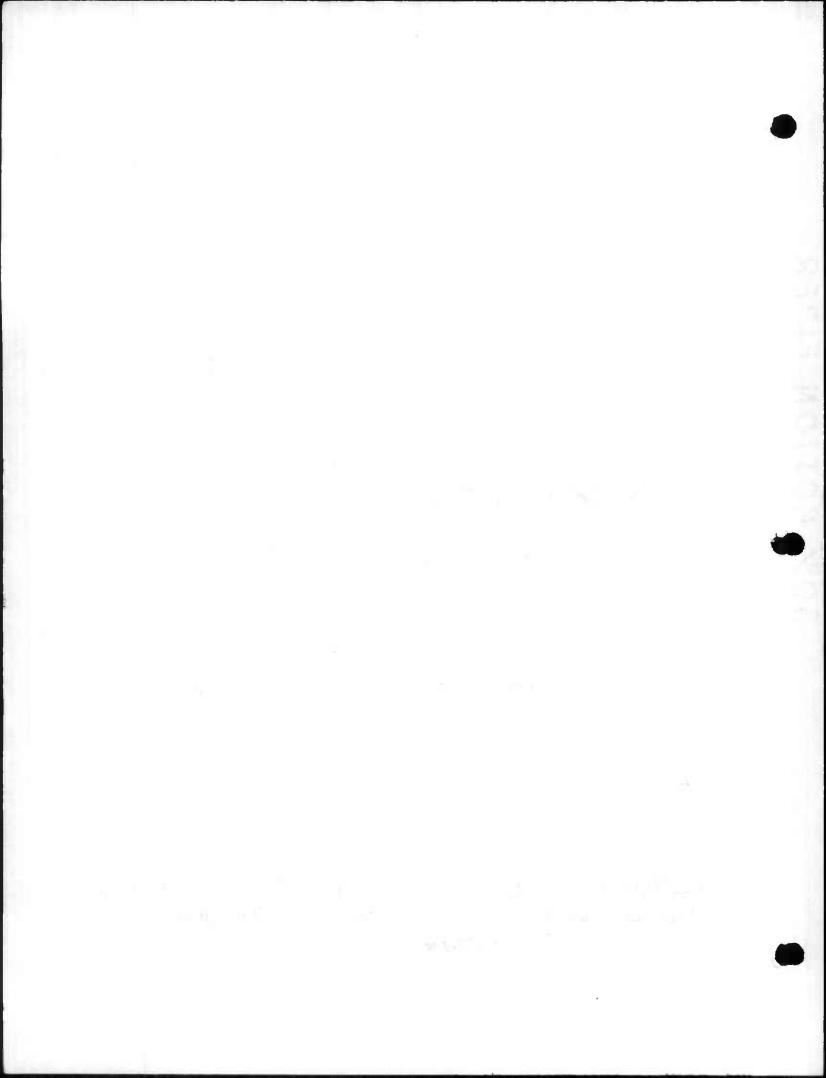
1 XCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type, Print)

MARYLANT MI HOWE. LEI 22. REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)
APR 2 7 1993

4-21-93



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TEN	ter OR	89
5	A	ECT 3	11 2
ā	O.B.	PE NO	i e
_	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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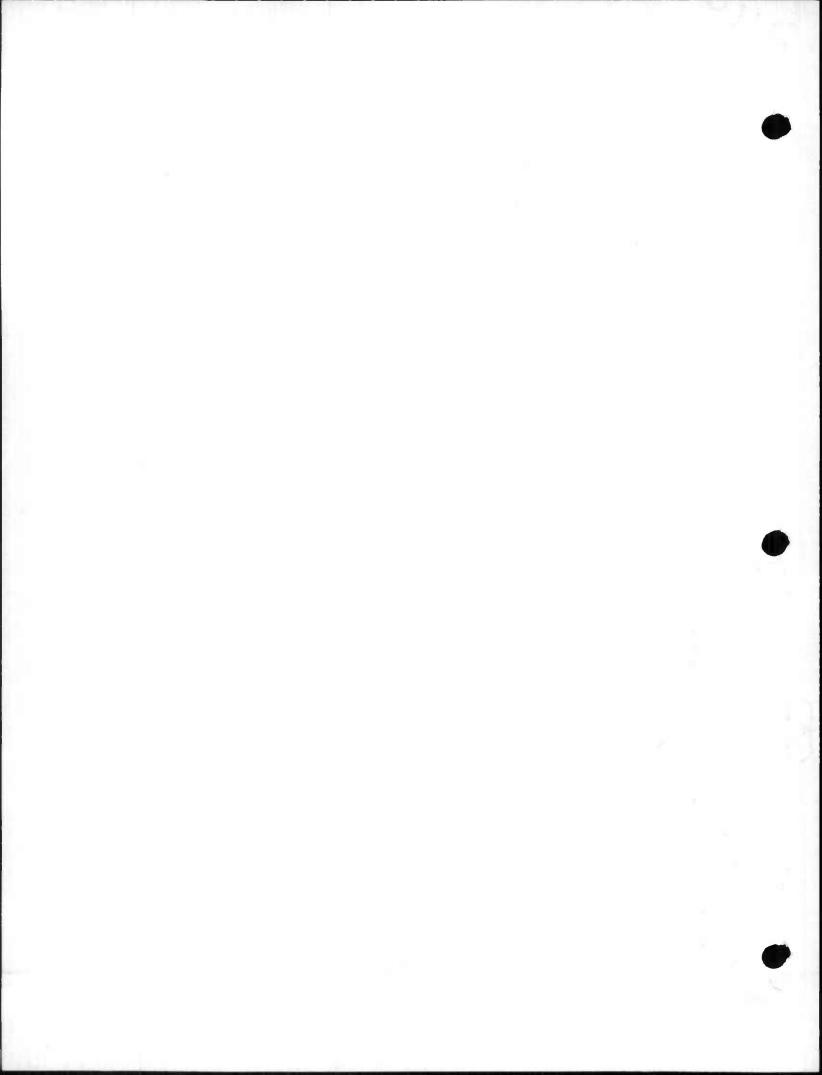
TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 has IMPORTANT: If IN

1 - FOR STATE REGISTRAR

									9	3	1185
FOR STATE REGISTRAR		STATE OF N			TMENT O			MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First	, Middle, Last)	SSCAU	vela	John	J. Es	serwei	in	2. DATE OF DEATH DO	"/ c	73	3. TIME OF DE
4. SOCIAL SECURITY NUMBER 220-01-1392		5. SEX 1 M 2 D F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YE		R 24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	20	Count	HPLACE (State or by)
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION					ION OF DE	EATH	9c. COL	INTY OF E	_		
Johns Hopkins Geriatrics					Baltimore						
RESIDENCE OF DEC	10b. COUNTY	,		40- 007	V 70401001						
Maryland	100.000111	Baltimore			ry, town on Location Baltimore						10d. INSIDE CIT LIMITS? 1 VES 2 1
10a. STREET AND NUMBER					10f. ZIP CODE 10				10g. CIT	0g. CITIZEN OF WHAT COUNTRY	
9211 Cornflower Road					21236				U.	U. S. A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 M Wildowed 4 Divorced 12. WAS DECEDENT EVER IN L FORCES? 1 VES IF YES, GIVE WAR OR DATE		VES 2XN	NO If yes, specify Cuban, Mex		an, Mexica	n, Puerto Rican, etc.)		E - American Ind k, White, etc.			
(Specify only highest grade completed)			(GA	ve kind of v	USUAL OCCUP work done during		ing	16b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) College (1-4 or 5 +)		+) #10.	Do NOT us	se retired.)			1				

John 4. SOCIAL SECURITY NUMBER 220-01-1392 9a. FACILITY NAME (If not institution DIRECTOR Johns Hopki RESIDENCE OF DECEDE 10a STATE Maryland P NO FUNERAL 10a. STREET AND NUMBER 9211 Cornflo 11. MARITAL STATUS 1 Never Married 2 Marrie BY 3 🔯 Widowed 4 🗌 Divorced COMPLETED 15. DECEDENT (Specify only higher Elementary/Se n/a dary (0-12) n/a Salesman Furniture Company 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) John Esserwein Catherine Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Thomas J. Esserwein (Son) 4306 Blakely Ave., Baltimore, Md. 21236 20s, METHOD OF DISPOSITION
1 | Burlel 2 | Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State Joseph's Cemetery Fullerton, Md. 21. SIGNATURE OF FUNERAL SERVICE CICENSEE 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home an 3331 Brehms Lane, Baltimore, Maryland 21236 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fedure. List only one ceuse on each line. Approximata Interval Betw IMMEDIATE CAUSE (Finel Onset and Death disease or condition Dunen +10 resulting in death) score DUE TO (OR AS A CONSEQUENCE OF): cerebral injuncts Multiple
DUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 100 1 YES 2 NO Under mutertion 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER:
4 | Hursing Home 5 | Residence 6 | Other (Specify) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 TYES 2/ 27. MANNEB OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 26s. PLACE DF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, 29c. LICENSE NUMBER BE DO w 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5505 Hoffier Eapte (x 20 4×5 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



3. TIME OF DEATH

12:30

10d. INSIDE CITY LIMITS?

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

Approximsta intsrvai Between Onset and Death

8. BIRTHPLACE (State or Foreign Country)

MARYLAND

AM

10a. STATE

MARYT.AND

James

4. SOCIAL SECURITY NUMBER

220-14-2262

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

FRANKLIN SQUARE HOSPITAL

10b. COUNTY

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR | IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

AUG.

April

23

3,1909

1993

9c. COUNTY OF DEATH

Baltimore

/aka/ WENCESLAUS JAMES FAJMAN

6. AGE (in yrs. last birthday)

83

M

1√ M 2 □ F

5. SEX

FAJMAN

YRS.

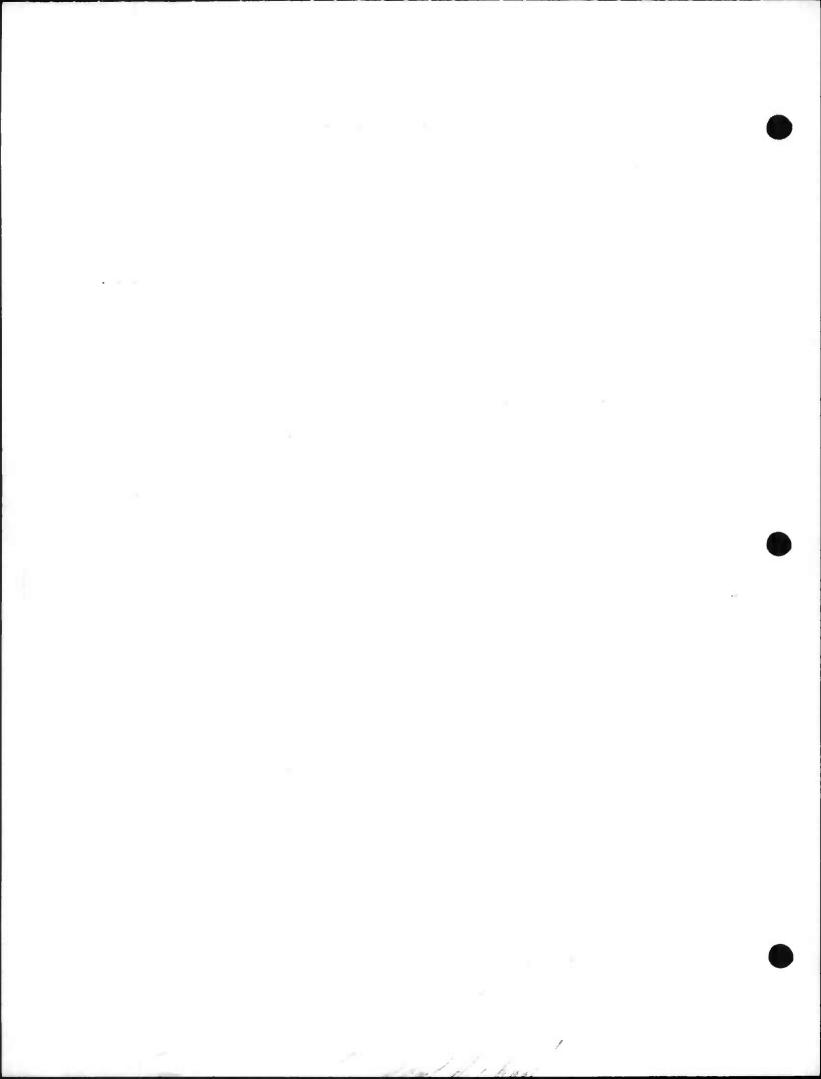
ges 1, 2, 3 should

DIRECTOR

9 PAULA PLACE, APT.2C 11. MARITAL STATUS 1 Never Merried 2 X Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 X NO II yes, applications of the process of the p		BALTIMORE 1 TYPES 2 🔯					
9 PAULA PLACE, APT.2C 11. MARITAL STATUS 1 Never Merried 2 X Married FORCES? 1 YES 2 NO 11 Yes, ape 14 Yes, Give WAR OR DATES 1 YES	ZIP CODE	10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?				
11. MARTAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Married 3 Middened 4 Dispared 1 Yes, GIVE WAR OR DATES 1 Yes, Sive War OR DATES 1 Yes	21237		U.S.A.				
3 Widowed 4 Divorced	ENDENT OF HISPANIC ORIGI ecity Cuben, Mexican, Puerto 2 X NO Specify:	Rican, etc.)	r No — 14. RACE — American Indian, Black, Whita, etc. Specify: WHITE				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-) He. DECEDENT'S USUAL OCCUPATIO (Give kind of work done during mos	ON 16I	. KIND OF BUSINESS/INDUST	TY .				
Elementary/Secondary (0-12) College (1-4 or 5+)	or or normy	CT					
N/A N/A COURT CLERK 17. FATHER'S NAME (First, Middle, Last) JOSEPH FA.TMAN	10 MOTHERIO NAME (F)	CITY OF BALT	IMORE				
E 2 16 L. I JOSEPH FAJMAN	18. MOTHER'S NAME (First, ANNA	TESAR					
190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street ar	nd Number or Rural Route Num	ber, City or Town, State, Zip Code	p)				
JOAN MC CURDY (NIECE) 4609 BALLYGAR							
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street at JOAN MC CURDY (NIECE) 190. MAILING ADDRESS (Street at JOAN MC CURDY (NIECE) 200. PLACE AND DATE OF DISPOSITION (Natropellar Complete Complet		900					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN	ID ADDRESS OF FACILITY		, MARYLAND				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN SCHIM 9705	IUNEK FUNERAI BELATE ED	HOMES, INC. BALTIMORE, M	D 21236				
23 PART I Enter the diseases or complications that coursed the death. Do not course	de of dying, such as can	disc or respiratory arrest,	Approximata				
PAGE IN THE CALIFE (Flori			interval Betwee				
e > Tuncandial Infanction							
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De la ce O Sequentially list conditions,							
CAUSE (Disease or Injury							
of any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions contributing to death but not resulting in the underlying							
9 9 3 DART II ON IIII							
	csuse given in Part i.	24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO				
Congestive Heart Failure		1 - YES 2 NO	COMPLETION OF CAUSE OF DEATH?				
Multiple Cerebrovascular Accidents Congestive Heart Failure Parkisons Disease			1 TYES 2 NO				
8 5 5 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	ACE OF DEATH (Check only or	ne)					
1 YES 2 NO 1 Vinpettent 2 ER/Outpettent 3 DOA 4 Nursing Home	ome 5 Residence 8 Other (Specify)						
5 6 6 7 7	RK?	SCRIBE HOW INJURY OCCURE					
27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Dey, Year) 28c. INJURY WOR	ES 2 NO		ral Route Number				
28. PL EXAMINER? 1 YES 2 NO 1 Popular 1 Yes 2 NO 2 Popular 1 Yes 2 NO 2 Popular 28. PL EXAMINER? 1 Yes 2 NO 2 Popular 28. DATE OF INJURY (Month, Dey, Year) 28. TIME OF INJURY (Month, Dey, Year) 28. PLACE OF INJURY	28f. LOC	ATION (Street and Number or Ru					
28. PL EXAMINER? 1 YES 2 NO 28. PL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28. PLACE OF INJURY — Af home, farm, street, factory, office building, atc. (Specify)		ATION (Street and Number or Ru or Town, State)					
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28e. DATE OF INJURY (Month, Day, Year) 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At home, farm, street, factory, offication of the determined street of the determined s	City	or Town, State)					
27. MANNER OF DEATH 1 Natural 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY MOT 1 YOU 28c. INJURY MOT 1 YOU 28c. INJURY MOT 1 YOU 28c. INJURY MOT 28c. INJU	City and place, and due to the car	or Town, State) use(a) and manner as stated,					
THE STANDARD BOTTON AND THE ST	City and place, and due to the car	or Yown, State) use(a) and manner sa stated, and place, and due to the cau 29d. DATE SIGI	se(a) and manner as stated.				
The state of the s	and place, and due to the care	or Yown, State) use(a) and manner sa stated, and place, and due to the cau 29d. DATE SIGI	se(a) and manner as stated.				
2 Accident 3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of my knowledge, death occurred at the firme, date	and place, and due to the car path occured at the time, date 29c. LICENSE NUMBER	use(a) and manner as stated, and place, and due to the cau 29d. DATE SIG	se(a) and manner as stated.				

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	HEGISTIVAN			AIE UP		REG. NO		
	FOWLER, WICLIAM			. Fowler, Jr.			× - C	YEAR 7 1/8 M
	4. SOCIAL SECURITY NUMBER S. SEX	6. AGE (In yrs. last i	MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	213-07-7355 1 XM 2 1 F	81	YRS.			June 16,		Maryland
E		1	96		OR LOCATION OF OEA	ATH	9c. COUNT	TY OF OEATH
DIRECTOR	Franklin Square Hospita	· <u>T</u>		Ba	altimore		Balti	more
IRE	10e. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCAT	TION			10d, INSIDE CITY LIMITS?
LD	Maryland Baltimore		I	Perry 1				1 ☐ YES 2 X NO
FUNERAL	9018 Cowenton Avenue			101	ZIP CODE			EN OF WHAT COUNTRY?
S	11. MARITAL STATUS 12. WAS DECED	ENT EVER IN U.S. ARM		13. WAS 0E0	21128 ENDENT OF HISPANI	C ORIGIN? (Specify Yea	or No.— 1	4. RACE — American Indian.
ВУ F	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puarto Rican, etc.) 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO DATES If yes, specify: 1 YES 2 NO Specify: Specify:					Black, White, etc.		
	15. DECEDENT'S EDUCATION			<u> </u>	0.00			White
COMPLETED	(Specify only highest grade completed)	(Give		UAL OCCUPATION Of done during monthined.)		16b. KIND OF BUS	SINESS/INDU	STRY
P	Elementary/Secondary (0-12) College (1-4 or N/A	5+)		al Fore	man	C+ c	o1 Co	mpany
Š	17. FATHER'S NAME (First, Middle, Last)	12100	CLICC	11 1010		E (First, Middle, Maiden		ulpany
BE C	William H. Fowler, Sr.				Sophia	Hilgm	an	
0	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town	, State, Zip C	,
	Edith Fowler (wife)					erry Hall,		
	N N N N N N N N N N	comptent crom	otoni as other	plece) Faith		1		e, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	0	/)	22. NAME AF	ID ADDRESS OF FACI	LITY		
	* Cugere V. T	arth	SV			eral Homes		
	23. PART i. Enter the diseases, or complications t	hat caused the desi	th. o not	enter the mo	de of dying, such	as cardiec or respi	ratory erres	st, Approximate
	anock, or heert tellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finei Onset and Dea						interval Between Onset and Death	
	disease or condition resulting in death) a. MYO CAR DIAL (WGAR CT(ON)) DUE TO (OR AS A CONSCOUENCE OF):							
_		TO (OR AS A CONSEOU	IENCE OF): `) M V	A COM	46		1/6)40 C
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): LOVE TO (OR AS A CONSEQUENCE OF): YEARS							
S	CAUSE (Disease or injury							
	that initiated events resulting in death) LAST	TO (OR AS A CONSEOU	ENCE OF):					
8	d		-					
¥	PART II. Other algnificant conditions contributing	to deeth but not res	sulting in ti	he underlying	ceuse given in P	art i. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
EDICAL						COMPLETION OF CAUSE OF DEATH?		
						-	V	1 TYES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Chec	k only one)		
Sic	EXAMINER? 1 YES 2 NO 1 M Inpatient 2	☐ ER/Outpetlent 3 ☐		THER:	• 5 Residence 8			
훒	27. MANNER OF DEATH 28a. DATE (Month.	OF INJURY Day, Year)	28b. TIME OF	F 28c, INJ		28d. DESCRIBE HOW II	JURY OCCU	RED
ВУ	2 Accident Investigation			M 1 🗆 1	ES 2 NO			
DO 18		OF INJURY - A1 home	o, 1arm, atree	rt, factory, office		281. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,
		g, atc. (Specify)				Only or lown, State)		
	4 Homicide detarmined							
	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, death			and place, and dua to	o the cause(a) and men		
	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the beats of	of my knowledge, death			and place, and due to	o the cause(a) and men		
BE COMPLETED	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, death			and place, and dua to	o the cause(a) and men	due to the	
COMPLETED	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the beats of	of my knowledge, death	restigation, in	n my opinion, d	and place, and due to	o the cause(a) and men	due to the	cause(a) and manner as stated.
BE COMPLETED	4 Homicide detarmined Dullidin 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best (Check only one) 2 MEDICAL EXAMINER: On the basis of 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	of my knowledge, death axamination and/or inv USE OF DEATH (ITEM?	restigation, in	n my opinion, d	and place, and due to sath occured at the 11	o the cause(a) and men me, data and placa, and ER	due to the	cause(a) and manner as stated.
BE COMPLETED	29a. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the beat of 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CASTELL OF CERTIFIER 31. DATE FILED (Month, Day, Year) 32. REGIST	of my knowledge, death axamination and/or inv) (Type, Printing Publication)	n my opinion, d	and place, and due to sath occured at the 11	o the cause(a) and men me, data and placa, and ER	due to the	cause(a) and manner as stated.



BALTIMORE, MARYLAND 21215-0020

signed by the attending physician Health and Mertal Hygiene prior to

Item

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marked.

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Ather

FUNERAL (

death certificate be executed within P.O. BOX 68760, es that the OR ATTENDING PHYSICIAL DIVISION OF HOSPITAL 五五 9 223

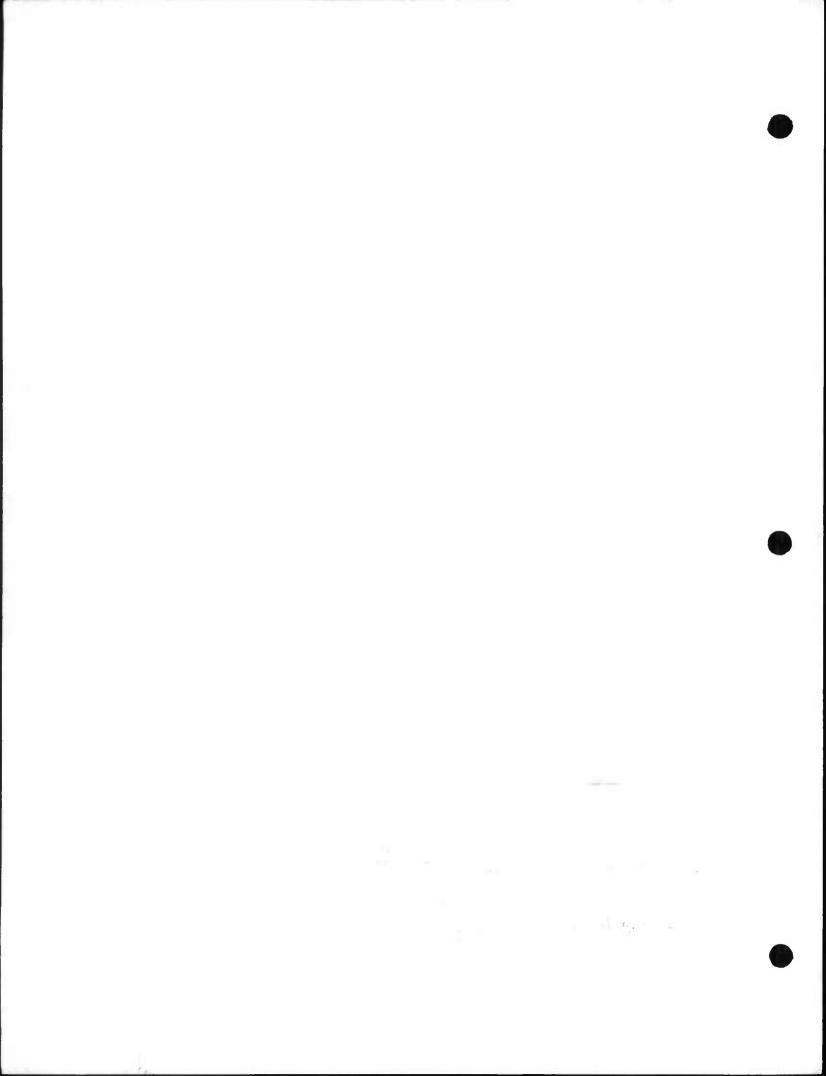
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEAT DAY CALVIN FENNER 04 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign onth, Dey, Year) 3-25-1953 DAVE 218-60-3974 1 🛛 M 2 🗌 F Maryland 9a. FACILITY HAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANCIS SCOTT KEY HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IHSIDE CITY Md Baltimore 1 X YES 2 | HO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEH OF WHAT COUNTRY? 2700 Hugo Avenue 21218 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexicen, Puerto Rican, etc.)

1 YES 2 HO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/IHDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 th Property Control Supervisor 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ BE Clayton Fenner Lorraine Harrison notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Brenda Joyce Fenner 2700 Hugo Ave. Balto. Md. 21218 90 20a. METHOD OF DISPOSITION

X Deurial 2 Cramation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must ☐ Donation 5 ☐ Other (Specify) Baltimore Cemetery 4-26-92 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. HAME AHD ADDRESS OF FACILITY Derrick C. Jones F.H. 1 4611 Park Heights Ave. Balto., Md.15 medical 23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiratory arrest, Approximata shock, or heert fellure. List only one ceuse on eech line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Death the disease or condition s. NARCOTIC INTOXICATION resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST ō Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO shows any COMPLETION DF CAUSE t YES 2 NO DE DEATH? 1 TES 2 HO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27, MAHHER OF DEATH 26a DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES BY 22-93 UNK 2 / NO UNKNOWN 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number. City or Town, Stetely 784 Chatford 3 altimore, Maryland 3 Suicide DIRECTOR: # 69 6 X Could not be 4 Homicide AVE determined OUND HOUSE IN COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and pleca, and due to the cause(a) and manner as stated. 2 XMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) and manner as stated. IMPORTANT: 29h BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) O.C.M.E 04-23-1993 9 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HAMAMOR 1) 85 h 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (MORTH), APR 2 7 32. REGISTRAR'S SIGNATURE

ASP ITEMS: 23 PART I, 27, 28a-f, PER MEO G-698

/29/93



Sol	che	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dearn certificate be executed within 24 hours after beath. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	
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item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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IMPORTANT: If item 28 is marked,

2. DATE OF DEATH DAY 3. TIME OF DEATH 4-23-1993 YEAR 4:20 Theresa V. Francischetti 7. DATE OF BIRTH (Morth, Day, Year)
7-15-1951 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Florida 96. FACILITY NAME (If not institution, give street end 41 1 - M 2 XF YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Med. Cnt. Baltimore 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7130 Martell Ave. U.S.A. 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NOTIFYES, GIVE WAR OR DATES 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Supervisor Hospital 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Janie Vinginia Johnson Daniel M. Cowart BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Wayne F. Francis

20a. METHOD OF DISPOSITION

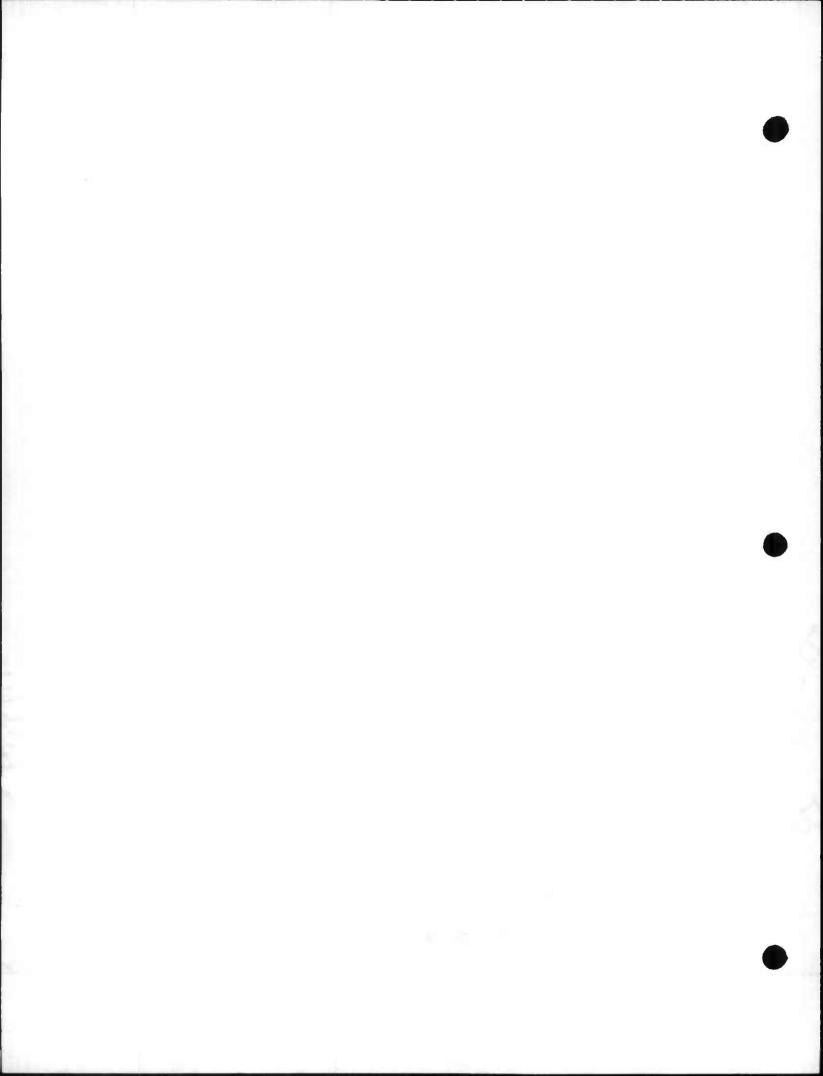
1 © Burtisl 2 Cremetion 3 Removed from State
4 Donation 6 Other (Specify) 7/30 Martell Balto. Francische Md. 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE Meadowridge Cemetery 4/27 Balto., Md

22. NAME AND ADDRESS OF ACULTY

Hartley Miller Funeral Home

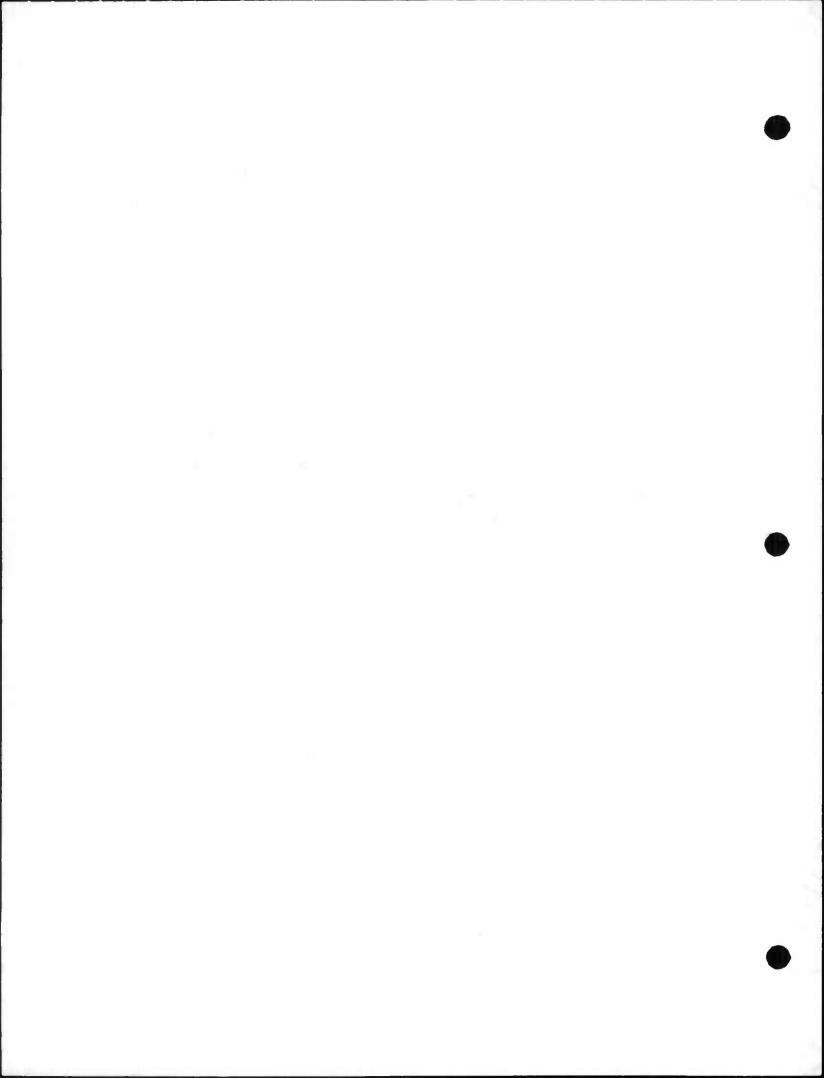
75.27 Harley Miller Balto. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 7527 Harford Rd. Balto.. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line Intarval Between IMMEDIATE CAUSE (Final ANOXIC BRAIN INJURY

DUE TO (OR AS A CONSEQUENCE OF): **Onset and Death** disease or condition resulting in death) ESPIRATORY FAILURE MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF):
YELONESHRITIS that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? YES 2 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as steted. 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, 29b. SIGNATURE AND TITLE OF CERTIFIES BE D44192 ever 123/93 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) tevens 1 Francis Jo 31 PATE FILED (Mynth 1993) 32 REGISTRAR'S NOVALUES

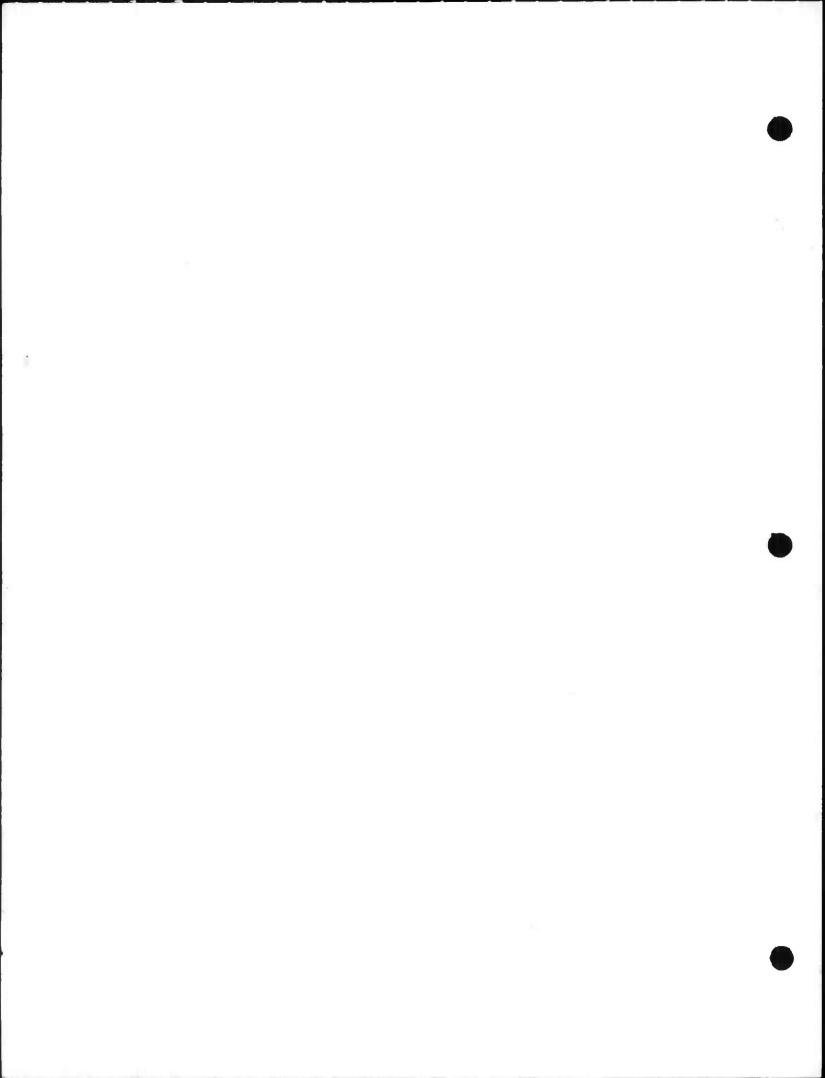


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	1 - REGISTRAR		CERT	IFICATE (OF DEATH	REG. NO				
3	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Av	3. TIME OF DEATN		
	GENEVIEVE MAR	IE FLOWERS					0 199	3 10:30 AM M		
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthd			7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign		
	215-03-1493	1 □ M 2XXF 7	5 YR	S. MONTHS DA	YS HOURS MIN.	(Month, Day, Year) 12/08/191		Country) ARYLAND		
	9e. FACILITY NAME (If not institution, give at	reet end number)		9b. CITY, TO	WN OR LOCATION OF D		9c. COUNTY			
E C	1017 COOKS LANE			BAT.	LIMORE					
ธิ	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		10c.	CITY, TOWN OR L	DCATION			10d, INSIDE CITY LIMITS?		
	MARYLAND			BALTIMO	RE			1 X YES 2 NO		
M.	10e. STREET AND NUMBER				101, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
y.	1017 COOKS LANE				21229		U.S.	Α.		
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS	DECENDENT OF HISPA s, specify Cuban, Mexico	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.		
BY	3 [X]Widowed 4 □ Divorced	FORCES? 1 YES, GIVE WAR OF	R DATES		YES 2XXNO Specif			Specify:		
	15. DECEDENT'S EDUC	CATION	He DECEDEN	710 1101111 00011				WHITE		
	(Specify only highest grade	completed)	(Give kind	T'S USUAL OCCUI of work done durin IT use retired.)	g most of working	16b. KIND OF BUS	SINESS/INDUST	TRY		
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HOHER	AKEK	16 MOTUEN'S NA	AME (First, Middle, Meiden				
	BERNIE ELLIO	րդո			MARIE					
8	19e, INFORMANT'S NAME (Type/Print)	. 1.	196. MAIL	ING ADDRESS (St		HOFF Route Number, City or Tow		del		
5	ROBERT FLOWERS	(SON)	- 1			HOENIX, AR	. , ,			
	200 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		20b PLACE AND DA	TE OF DISPOSITIO	M (Name of			or Town, State		
	1 Donation 5 Other (Specify)	rvel from State	cemetery, crematory LORRAINE	PARK CI	METERV 4	/26/93 WOO				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1)	22, NAM	E AND ADDRESS OF FA	CILITY				
	Luggeras	2	6			SELL C WIT				
	22 BART I Felouth discuss	7	1	163) EDMONDSO	N AVE CAT	ONSVIL	LE,MD 21228		
	23. PART I. Enter the diseases, or c shock, or heert fellure. I	List only one ceuse or	sed the death, D reach, line.	o not enter the	mode of dying, suc	th an cardlec or reapi	iratory arrest.	, Approximate Interval Between		
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ı	resulting in death)									
	OUE TO (OR AS A CONSEQUENCE OF)									
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표	CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE	OF):						
F	resulting in death) LAST	4. =								
Ö	PART II Other elgelficent condition									
DICAL	PART II. Other algnificent conditions	contributing to deeth	h but not resultion	ng in the under	ying ceuse given in	Part I, 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă						1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
ME						′		1 - YES 2 - NO		
z										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		OTHER:	B. PLACE OF GEATH (Ch	eck only one)				
ΥS	1 VES 2 NO	1 Inpetient 2 ER/O		4 🗆 Nursing		6 Other (Specify)				
	Natural 5 Pending	26e. OATE OF INJUR (Month, Day, Yea	(Y) 26b.	INJURY	INJURY AT WORK?	26d. OEŞCRIBE NOW II	NJURY OCCUR	EO		
B	2 Accident Investigation	20- 01-05-05-01-0			YES 2 NO		_			
a	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, atc. (S	pecify)	m, street, factory,	office	281. LOCATION (Street e City or Town, State)	and Number or F	Rural Route Number,		
COMPLETED	25s. CERTIFIER									
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į,	WEDICAL EXAMINER	t: On the basis of examina	ition and/or investig	ation, in my opinio	on, death occured at the	time, date end place, en	d due to the ca	tuse(s) end menner ee stated,		
ш	296. SHANATURE AND TITLE OF GERTIFIER	V.	/		29c. LICENSE NUI	MBER	29d. DATE SI	GNIED (Month, Day, Year)		
TO B	1 /	200	ph	51 aim	1129	769	D 4	122/93		
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE OF	DEATA (ITEM 27)/()	rpe, Print	E 11 1	p //-	1 1	10 11		
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REGISTRAR			EHIIF	ICALE	Ur I	DEALH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	*						2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
	MARGARET FISHER							15/93	TEAN.	10:10 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday) YRS.	IF UNDER 1 Y	_	IF UNDER 24 HRS.	7. DATE OF (Month, D		8. BIRTI Count	HPLACE (State or Foreign
217-22-7892	11 / / /				MT S	HOURS WIN.	2/1920			
9a. FACILITY NAME (If not institution, give				9b. CITY, TO	OWN OR	LOCATION OF D			UNTY OF	
2704 HARLEM AVE	•			BALTIMORE						
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		I son Cut	Y, TOWN OR I						NAME OF TAXABLE PARTY.
MD						ON				10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER			B	ALTIMO	7					1 YES 2 NO
	7.77		10f. ZIP CODE					10g. C	TIZEN OF	WHAT COUNTRY?
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11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN	T EVER IN U.S. AR	MED 10	13. WAS	S DECE	NDENT OF HISPAI	NIC ORIGIN? (Specify Yes or No-	14, RAC	E — American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		10	YES 2	NO Specif	y:	, 5.5.,	Spec	Hy:
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(Specify only highest gra-	de completed)	(G	ive kind of v Do NOT us	USUAL OCCL	JPATION ing most	l of working	16b. KI	ND OF BUSINESS/II	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	DO NOT US	e recired.)						
17. FATHER'S NAME (First, Middle, Last)										
								lle, Meiden Sumame)		
JUNIUS PARKER							ELLY			
19a. INFORMANT'S NAME (Type/Print) DEBORAH POPE								City or Town, State, 2		
			2/04	HARLE	M A	VE BALT	IMORE	MD 21216		
20a. METHOO OF DISPOSITION 1 Durial 2 Cremation 3 Re	20a. METHOO OF DISPOSITION 120 Burial 2 Cremation 3 Removal from State						OATE	20c. LOCATION -	- City or To	wn, Stata
4 Donation 5 Other (Specify)	/	MARY	LAND	V.A.	CEM	4/2	22/93	CROWNS	VILLE	E MD
21 SUGNATURE OF FUNERAL SERVICES	CENSEE	11		22. NAI	ME AND	ADDRESS OF FA	CILITY	EDAT HOM	77 D (
1	1 911			130	00 1	ITUTALI DI	NOT D	ERAL HOM ALTIMORE	E P.A	1.017
23 PART I. Enter the diseases, or	complications the	t caused the W	oth Do			DOTAW II	JACE D	ALTIMORE	MD 2	
sheck, or heert fallure	List only one ceu	ise on each line	en. Do n	ot enter the	e mode	e or aying, suc	h ss cerdiac	or respiratory a	rrest,	Approximata interval Between
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resulting in death)	a	LACK	041	C V	a	Mure				14 WKS
	DUE TO	(OR AS A CONS	DUENCE OF): 		^		ccinomo		
Sequantially list conditions,	b	Meg	500	atie	Co	40 recto	y co	ccinoms		Lyns
If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OF	7:						
CAUSE (Disease or Injury	C	.22 12 1 121110								
that initiated eventa resulting in death) LAST	OUE 10	(OR AS A CONSEC	DUENCE OF	7):						
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PART II. Other significent condition	ons contributing to	death but not re	eaulting (n the under	rivina	ceuse given in	Part I. 24	. WAS AN AUTOPS	/ 245	. WERE AUTOPSY FINDING
	pothe				,,,,,,			PERFORMEO?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							— l'	YES 2 NO		OF DEATH?
										1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE OF DEATH (Ch	eck only one)			
1 TES 2 NO	1 Inpatient 2	ER/Outpetlent 3	□ DOA		Home	5 Residence	8 Other (S	pecify)		
27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY ay, Year)	28b. TIMI		c. INJUR		28d. OEŞCRI	BE HOW INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigation						S 2 NO				
3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, street, fectory, office 28s. LOCATION (Street and Number or Rural Route Number.								loute Number,		
4 Homicide determined		1-1-1					City Of A	own, State)		
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the bast of	my knowledge, de	th occurre	d at the time	data ar	nd piece, and due	to the council) and manner on at	eted	
) and manner as stated.
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29b. SIGNATURE AND TITLE OF CERTIFIE	00	AHEI	Adlen	•	1 2	29c. LICENSE NUN	IBER	29d. DA	TE SIGNED	(Month, Day, Year)
1 mount o	ecomo	nin	2	/		170,18	50	•	7/0	(1/83
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)	DA	UI DR	1	Boltin	4	land.
MARCUIN	ELDIN	HAY.	>01	W-	4 10	VC 100	- y	COUNTY)	UU,	71702
31. DATE PILED (MODITI, Day Joac)	32. MEGISTRA	R'S CHANTURE						***************************************		
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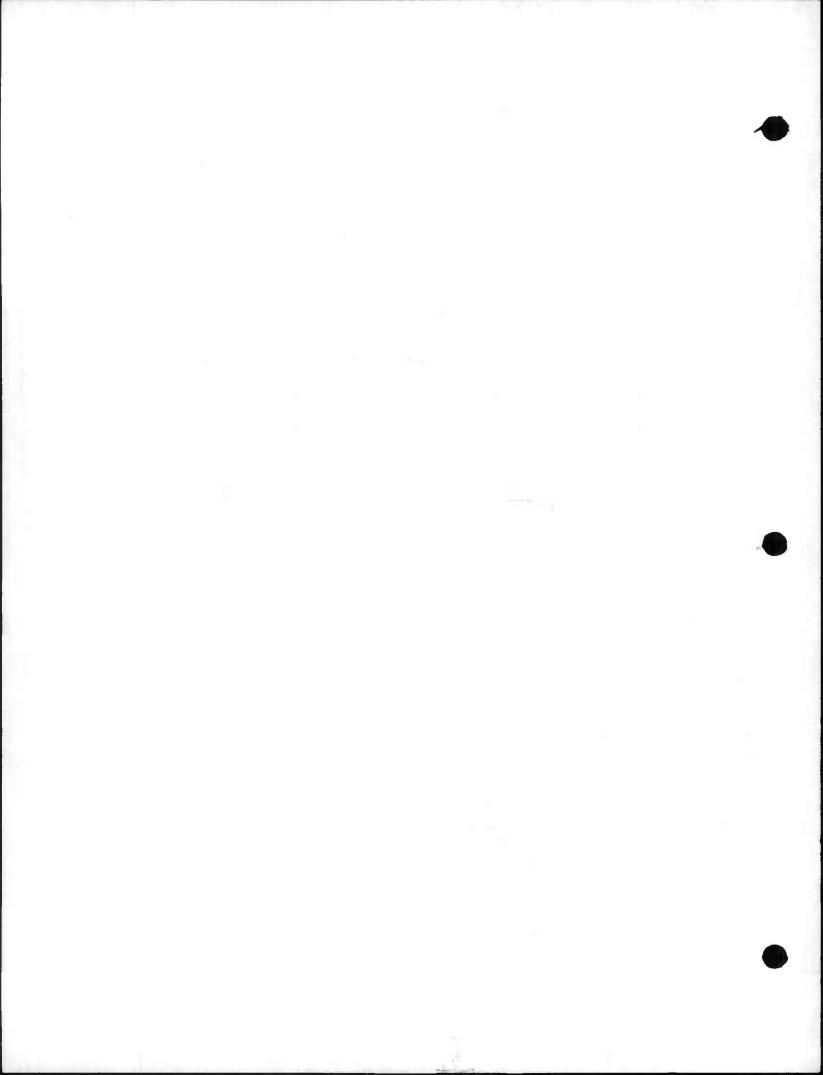


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ENUMY PRINCIPAL THE LAW REQUIRES THAT THE GEATH CENTIFICATE OF EXECUTED WITHIN 44 HOURS AND DEATH. FAGE O	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director
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FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO RAVATT, 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 93 AM Na 16 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Morth, Day, Year) Sept 6,1922 180-14-9860 1 X M 2 | F New Jersey permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. Joseph's Hospital Baltimore Towson RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Lutherville Maryland Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1513 Bedworth Road burial-transit 21093 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Ri
1 ☐ YES 2 NO Specify: BY 3 Widowed 4 Divorced WWII White COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

Consultant 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Architectual Hardware Architectual Hardware may be retained by the hospit or, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at David Parker Gravatt. Marguerite V. Miller BE 19s. INFORMANT'S NAME (Type/Print) 19b, MAILIND AGORESS (Street and Number or Rural Route Number City or Town, State, Zin Corte) 2 19800 New Hampshire Ave. Brinklow, Md. Scott Gravatt 20862 must be 20s. METHOD OF DISPOSITION
1 Spurise 2 Cremation 3 Ref 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE 4 Donation 5 Other (Specify) Riverside Cemetery 4-28-93 Toms River, New Jersey 21. SIGNATURE OF EUNERAL SERVICE examiner 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. Ernest 1050 York Rd. Towson, Maryland 21204 or removal injury, or other traumatic event, the medical 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between el and Death IMMEDIATE CAUSE (Finel cremation, disease or condition resulting in death) OUE TO (DR AS A COM EDUENCE OF Mental Hygiene prior to burial, CERTIFICATION Sequentially list conditions, EDUENÇE DF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS of Health and AVAILABLE PRIOR TO Hem 23 shows any COMPLETION OF CAUSE 1 TES 2 60 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) the State [HOSPITAL: EXAMINENT OTHER: itient 2 - ER/Outpatient 3 - DOA ne 5 - Rasidence 6 - Other (Specify) -0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF CEATH 28b. TIME DE 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28 is marked, death with Haturst 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED DIRECTOR: hours after of 4 🗌 Hemickh TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Item 2 29a, CERTIFIER 14 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. the besis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: D AND WITLE OF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 24.93 0 2 WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 0 EV BELT USEPVA 31. DATE PILED Month, Day, Year) 12. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



BALTIMORE, MARYLAND 21215-002

Pages 1, 2, 3 should

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ALLENDING PRINCIPAL. HIS INC. INC. INC. INC. INC. INC. USAL HIS COLUMN PRINCIPAL MINING A HOURS AILED BEATH. FADE	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	O second
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30 NAME AND ADD

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2 7 1993

31. DATE FILED (Month, Day, Year)

RESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PEU Mp

32, REGISTRAR'S SIGNATURE

Julia Varidon-Randalla

160

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

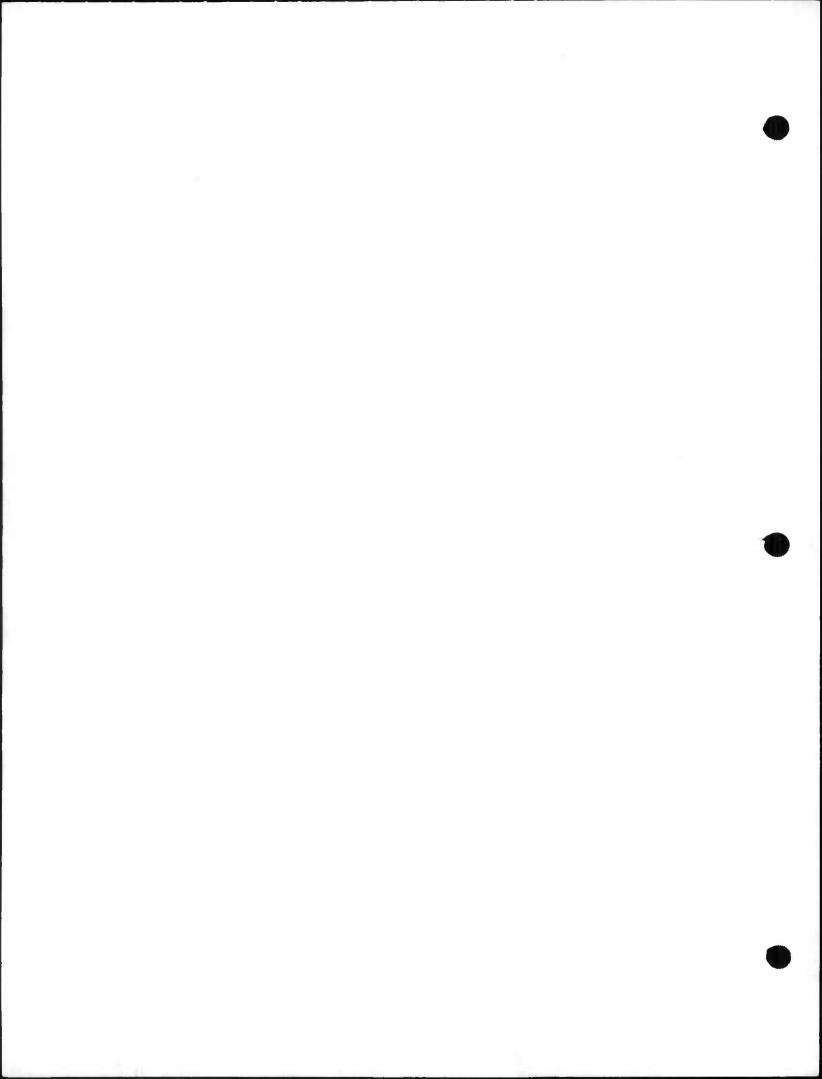
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Thomas Gunn 04 1993 052 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE 337-14-6480 1 1 M 2 | F YRS. Tow 11 96. CITY, TOWN OR LOCATION OF DEATHY 9c. COU NTY OF DEATH 901 Druid Pa Apartment Park_FLake FUNERAL DIRECTOR Baltimore 10b. COUNTY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? more 1 YES 2 NO 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21217 U.5,A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black. White, atc. 1 Never Married 2 Marrie If yes, specify Cuban, Mexican, Puerto Ric 1 YES 2 NO Specify: B√ 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working lije, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) NJIPP 17. FATHER'S NAME (First, Middle, Last) III. MOTHER'S NAME (First, Middle BE 9111 19b. MAILING ADDRESS (Street and Numb 2 9 20s. METHOD OF DISPOSITION
1 & Burlal 2 Cremation 3 Removal from State 20b. PL ACE AND DATE OF DISPOSITION (Name of Co 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 LIDA d. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition OTHEROSCUS ROTH GORDIOVA SCHUPR resulting in death) DUE TO (OR AS A CONS DUEDSE CERTIFICATION Sequantially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO PARTITION 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 X YES 2 - NO 4 - Nurs 5X Residence 6 ☐ Other (Specify) 27. MANNER OF OFATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, lactory, offica building, stc. (Specify) 3 Suicide a Could not be determined 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 4 Homicide COMPLET 29e. CERTIFIER

(Chart note of the control of the c 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(a) and menner as stated. 296. SIGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 12 O.C.M.E 04 2 23 1993

Penn Street, Baltimore,

21201

Marvland



DIVISION OF VITAL RECORDS PO. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the many management of the following provided by the hospital or attending physician. TO THE FUNETAL DRECTOR: After this certificate has been signed to express the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 27 burial transit permit or or other transmittee event, the medical examiner must be puriting at once.	
DIVISION OF VITAL RECORDS PO. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law required the law requires the law required the law required the law required the law required the law required the law required the law required the law required the law required the law required the law required the law required the law required to the l	

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR					MENTAL	HYGIEN		3 1	1865
	1. DECEDENT'S NAME (First, Middle, Last)	Rev. Po	tricia	J.	Garc	ia			2. DATE	OF DEATH	¥	YEA 3	7:45 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER		IF UNDER			OF BIRTH	1	I. BIRTHPI	LACE (State or Foreign
	143-20-7707	1 □ M 2 🖄 F 64			MONTHS	DAYS	HOURS	MIN.	(Month	29-192	28	Neu Neu	Jersey
-	9a. FACILITY NAME (If not institution, give street and number)						OR LOCATI				9c. COUNT		
P	2642 HUDSON STREET				BAL	TIL	MORE	CI,	TY				
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	10c. CITY, TOWN OR LOCATION 10d. INSID						od. INSIDE CITY		
	Maryland						E	Balti	imore	City			LIMITS?
IAL.	10e. STREET AND NUMBER					10	f. ZIP COD	E				EN OF WH	AT COUNTRY?
FUNERAL	2642 Hudson Stre								212	24	Un	ited	States
J.	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2			RMED NO	13. V	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN	? (Specify Yea ican, etc.)	or No- 1	4. RACE - Black, 1	- American Indian, White, etc.
ВУ	3 X Widowed 4 Divorced IF YES, GIVE WAR OR DATES				1 ☐ YES 2 🖄 NO Specify:			The state of the s			Specify:		
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a, D	ECEDENT'S	USUAL OC	CUPATIO	ON		16b.	KIND OF BUS	INESS/INDU	STRY	White
	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of e. Do NOT u	ve kind of work done during most of working Do NOT use retired.)								
COMPLETED		2 Years		F	asto)	ч			G	uiding	Ligh	t Ch	urch
ပ္ပ	17. FATHER'S NAME (First, Middle, Last)						1		ME (First, M	liddle, Maiden .			
BE	Joseph Kimble 190. INFORMANT'S NAME (Type/Print) 19								hult:				
2	Julia Garcia		1							er, City or Town			01004
	20a, METHOD OF DISPOSITION		42 Hudson Street Baltimore, Maryland 21224 ATEOF DISPOSITION (Name of DATE 200. LOCATION — City or Town, State										
	1 Normal 2 Cremation 3 Remo	oval from State						41					aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0.00	11000	22. N	AME A	ND ADDRE	SS OF FA	CILITY	0 11	(0	IVE IN	lk, Inc.
	100				1 '	/Ua0	-KUC	R tu	nera	L Home Dund	106 V	unda	lk, Inc.
CERTIFICATION	shock, or heart failura. List only one causa on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
SER	resulting in death) LAST	l											
	PART II. Other significant conditions	contributing to	death but not	reaulting	n the unc	deriyin	g cause (given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
MEDICA									_	1 YES 2		0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
E									_	INQU	TRV		YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL								\perp		TIVI		
PHYSICIAN:	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ick only one)			
HYS	1X YES 2 NO 27. MANNER OF DEATH	1 inpatient 2 inpatient 2 in		26b. TIM		ng Hom 26c. INJ		sidence	S Other	(Specify)		n En	
	1 Netural 5 Pending	(Month, D	ey, Year)		URY M	WO	RK?	NO I	280. DE\$C	HIBE HOW IN	IJURY OCCU	KED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	FINJURY — At he	ome, farm,	treet, fecto				28f. LOCA	TION (Street a	nd Number or	Rural Rou	te Number,
TED	4 Homicide determined	bonding,	ora (opecity)						City o	r Town, State)			
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledga, d	eath occum	d at the tin	ne, dete	and place,	and due	to the caus	e(e) and man	her as stated		
Š	one) 2 MEDICAL EXAMINER	R: On the baels of ex	camination and/or	Investigation	n, in my op	inion, d	eath occur	ed at the	tima, date s	and place, and	due to the	cause(a) a	nd manner as atated.
BE C	296. SIGNATURE AND TITLE OF CENTIFIER	V	-				29c. LICE	NSE NUM	BER		29d. DATE S	SIGNED (M	Ionth, Day, Year)
TO B	Muchine be	Mull					0.0	С.М.	E.		4 .	-25-	1993
	30. NAME AND ADDRESS OF PERSON WHO MARGARITA A.KOR	ELL MD.	SE OF DEATH (ITE	1 Pe	Print)	Str	eet	Ва	ltin	nore,			
	APR 27 1993	wa Jawas	R'S SMATURE	2									

NAME OF TAXABLE PARTY.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 it
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		RTMENT OF I		MEN	TAL HYGIEN	_ ~	3	11866
	1. DECEDENT'S NAME (First, Middle, Last) HOW OR! 4. SOCIAL SECURITY NUMBER	Howard William				M	ATE OF DEATH DO	D V	YEAR 9 B	TIME OF DEATH
	226 52 1357	5. SEX 6. AGE (In yrs. Id 1 XM 2 F 51	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	A)	or. 29,	1941	** BIRTHPL Country) (Washi	rirginia ington co.
TOR	90. FACILITY NAME (If not institution, give s HOWARD COUNTY HOS RESIDENCE OF DECEDENT			-14:	mbia	DEATH		9c. COUNTY OF DEATH HOWARD		
DIRECTOR	10e. STATE 10b. COUNT			Y, TOWN OR LOCA					10	d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	Route 108, Box	10572		10	ZIP CODE 21043				T COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Divorced	LOUCEST I TES SIXINO			ENDENT OF HISPA ecify Cuben, Mexic 2 NO Spec	can, Pue	IGIN? (Specify Year rto Rican, etc.)	or No-	American Indian, Thite, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	TION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of wo life. Do NOT use retired.) Farmer				166. KIND OF BUSINESS/INDUSTRY Farming				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Edward Gregory				18. MOTHER'S N		st, Middle, Maiden			
TO B	100. INFORMANT'S NAME (Type/Print) Georgia R. Grego	ory		ADDRESS (Street a		_	-	n, Stete, Zip (Code)	
	26e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	ematory or o	of disposition (Na ther place) Cemetery				ing,			
	21. SIGNATURE OF FUNERAL SERVICE LIC	3 Dall	ec	22. NAME AT	D ADDRESS OF F	110000				
CERTIFICATION	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on aach line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							st,	Approximate Interval Batween Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other algnificent condition	s contributing to death but not	Part I	24e. WAS AN / PERFORI	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 AND			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only	r one)			
	1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	1 Impatient 2 ER/Outpetient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Home E OF 28c, INJU	JRY AT	1	ther (Specify) DESCRIBE HOW IN	JURY OCCU	IRED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, s		ES 2 NO	28f. L	OCATION (Street as	nd Number o	Rural Route	Number,
COMPLETED	29a. CERTIFIAR (Check hily (The Check hily (The Check hily (The Check hill) (The Check hill)	CIAN: To the best of my knowledge, do	ath occurre	d at the time, date	end place, end du	e to the	cause(s) and mani	ner se stated	ı.	
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIED	alcoro			29c. LICENSE NU		ate end place, end			manner ea stated.
-	30. NAME AND ADDRESS OF PERSON WHO	A	M 27) (Type.			ATU	CKENT	Merca	MY	Corumby
	31. DATE FILED (Month, Day, Year) APR 2 7 1993	32. ASGISTRAR'S CIGNATURE						-		149

FOR STATE REGISTRAR

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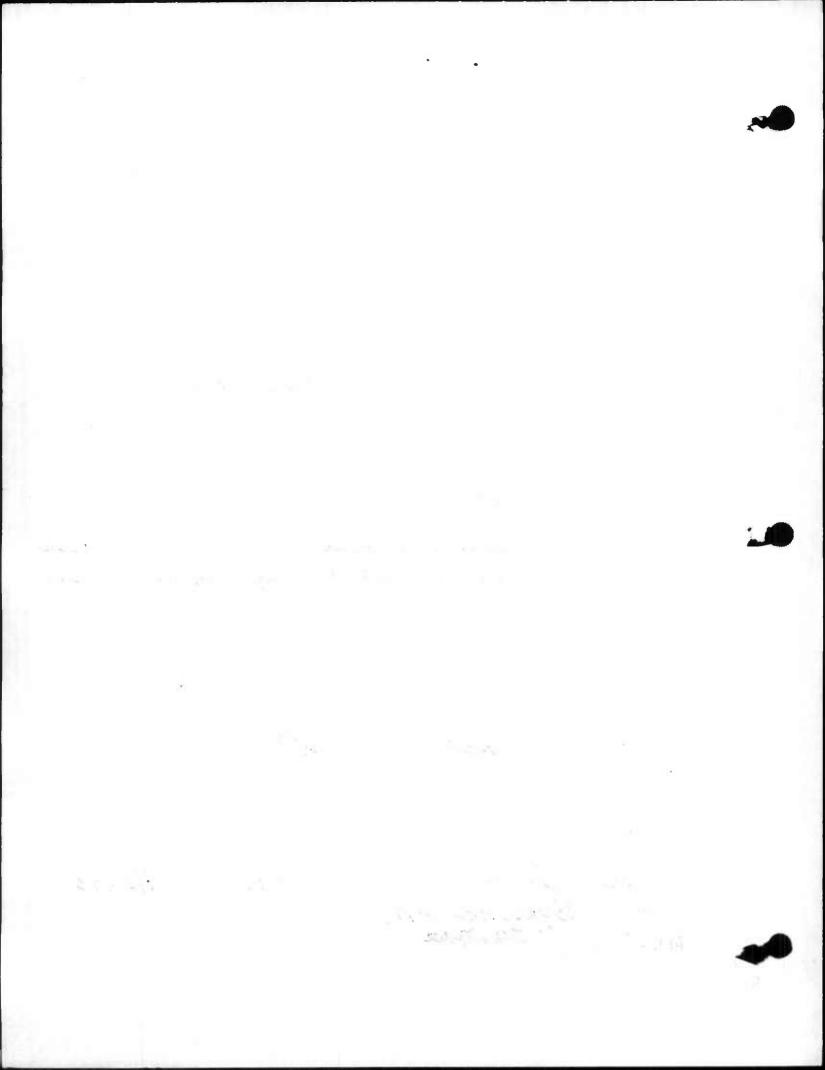
				_			XI PI	REG. NO		2		
1	1. DECEDENT'S NAME (First, Middle, Le: THEODORE GE	RALD GOR	DON					2. DATE OF DEATH	î 190	YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. fa	at blotholms	IF UNDER 1	wee		APRIL L	1, 19			
					7	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign	
	192 14 7191	1∑ M 2 □ F	68	YRS.					925	Penn	sylvania	
г	e. FACILITY NAME (If not institution, giv	street end number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						TH	
	8301 Ashford	Blvd.			Laur	el			Prince Georges			
	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			40.0	c. CITY, TOWN OR LOCATION							
	Proceedings of the second	Total City, Town On Education							10	Dd. INSIDE CITY LIMITS?		
	Maryland Pri	nce Geor	ges	Lau	ırel						YES 2 NO	
	100. STREET AND NUMBER					10f. ZIP CO	DE		10g. CITIZ	EN OF WH	AT COUNTRY?	
	8301 Ashford	Blvd.				2	0707			USA		
	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1			13. WA	S DECENDENT	OF HISPAN	IC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,	
	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W			1 [YES 2 🔯 N	Specify	n, Puerto Rican, etc.)		Black, V Specify:	White, etc.	
	S Wildowed 4 Divorced	II WW	1943-1	.946						aposity.	White	
	15. DECEDENT'S E((Specify only highest gra		16a. Di	ECEDENT'S	USUAL OCC	UPATION ing most of wor	kina	16b. KIND OF BU	SINESS/IND	JSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	166	DO NOT U	se retired.)	mg most or wor.	ung					
		4		Acc	count	ant		US G	ov't	•		
	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NAM	AE (First, Middle, Meiden	Surname)			
	Mever Gordon							Tuch				
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S			oute Number, City or Tow	n. Stete. Zip	Code)		
	Robin Shatens	tein						lver Spr			20901	
	20s. METHOD OF DISPOSITION	. /			OF DISPOSITI		<u> </u>		CATION - C			
	A Donation 5 Other (Specify	movel from State	Aprilettry) cre	emetory or or	ther place!	A CE	M I	101/07 (
	21. SIGNATURE OF FUNERAL SERVICE	UCENDEE	THE	TENH		ME AND ADDR	500 OF 540			ENHA		
_	A XX	1 1 1	16			TVI	C DE	DDSON EI	IMED/	11 11	OME	
	- Comer	The	WVO	-	2.8	47 Wi	lson	Blvd. A	rlin	aton	2220	
	22. NAME AND ADDRESS OF FACILITY IVES PERRSON FUNERAL HE 3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line.											
	IMMEDIATE CAUSE (Finel	e. List only one caus	e on aach iins	9.	0	0		, 1			Interval Batweer Onset and Daati	
	disease or condition	M	400	an	Vi-	. 1	nd	met	001		Oliver and Dawn	
	reaulting in death)	DUE TO (OR AS A CONSE	OUENCE OF	n:		1		UV		-	
,		D	1 0	00	-	mol	00	/			15	
	Sequentially list conditions,	b.	OR AS A CONSE	OUENCE OF	n:		CI.	Trus			1> Jr	
	if any, leading to immediate cause. Enter UNDERLYING	,			,							
	CAUSE (Disease or injury thet initiated events	C. DUE TO (C	OR AS A CONSE	OUENCE OF	n:		-					
	resulting in death) LAST				,						İ	
u J		d										
7	PART II. Other aignificant condition	ona contributing to d	eeth but not i	rasulting i	n tha unde	riying cause	given in F			24b. W	ERE AUTOPSY FINDINGS	
EDICAL								PERFOR			MILABLE PRIOR TO MPLETION OF CAUSE	
								1 YES 2	MO		DEATH?	
								_		1	YES 2 NO	
	1											
	25. WAS CASE REFERRED TO MEDICAL					20 BI ACE OF	DE ATH (Ob.					
	EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF						
	EXAMINER? 1 YES 2 NO	1 Inpatient 2			OTHER: 4 Nursing	Home 5 🗷 F	lesidence 8	Other (Specify)				
	EXAMINER? 1 YES 2 NO 27. MANNES OF DEATH		YJURY	28b. TIMI	OTHER: 4 Nursing E OF 28 URY 28	Home 5 F c. INJURY AT WORK?	lesidence 8		NJURY OCCL	JREO		
	EXAMINER? 1 YES 2 NO 27. MANNED OF DEATH	1 Inpatient 2 I	NJURY ; Year)	28b. TIMI INJ	OTHER: 4 Nursing E OF 28 URY M	Home 5 PF c. INJURY AT WORK? 1 YES 2	lesidence 8	Other (Specify)	NJURY OCCL	JREO		
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	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, Day	NJURY ; Year)	28b. TIMI INJ	OTHER: 4 Nursing E OF 28 URY M	Home 5 PF c. INJURY AT WORK? 1 YES 2	lesidence 8	Other (Specify) 28d. DESCRIBE HOW IF			a Number,	
	EXAMINER? 1 YES 2 NO 27. MANNED DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined	28e. DATE OF II (Month, Day 28e. PLACE OF building, et	NJURY ; Year) INJURY — At ho ic. (Specify)	28b. TIMI INJI me, ferm, a	OTHER: 4 Nursing E OF URY M Attreet, fectory	Home 5 Fr. c. INJURY AT WORK? 1 YES 2	lesidence 8	Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	nd Number o	r Aural Route	e Number,	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident a Could not be determined 29e. CERTIFIER (Check only)	28e. PLACE OF building, et	NJURY : Year) INJURY — At ho ic. (Specify) ny knowledge, de	28b. TiMi INJi me, ferm, a	OTHER: 4 Nursing E OF 28 URY M	Home 5 Proc. INJURY AT WORK? 1 YES 2 office	NO NO	28d. DESCRIBE HOW II 28d. LOCATION (Street e City or Yown, Stete) 0 the cause(s) and men	nd Number o	r Rural Routi		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

From Discharge Control The Albert College of the College of

BALLIMURE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-trans- removal,	edical examiner must be notified at once.
Civision of VIIAC RECORDS, F.C. BOX 60/60, BALLIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with processing after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet. Jilled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF I	HEALTH AND	MENTAL HYGIE		3 11868			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	JOSEPHINE V. GU					4/23/93	DAY	SAM M			
ļ	4. SOCIAL SECURITY NUMBER 213-48-0251			DAYS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	908	BIRTHPLACE (State or Foreign			
_	9a. FACILITY NAME (If not institution, give s		9	b. CITY, TOWN	OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH			
DIRECTOR	4343 BERGER AVENUE BALTIMORE CITY										
3EC	10a. STATE 10b. COUNTY	Y	10c. CFTY, 1	OWN OR LOCA	TION	ON 1					
	MD		BALT	IMORE	CITY	LIMITS? XES 2 □ NO					
FUNERAL	4307 PEDCED AVER			10	1. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
NE	430/ BERGER AVE				21206		U.S.	. A			
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 (NO	If yes, ap	ecity Cuben, Mexic 2 NO Spec	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) Hy:	es or No 14	4. RACE — American Indian, Black, White, etc. Specify: WHITE			
E	15. DECEDENT'S EDUI (Specify only highest grade	16a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF B	USINESS/INDUS					
COMPLETED	Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 5+)	(Give kind of word HOUSEW)	FE	est of working	HOME					
CON	17. FATHER'S NAME (First, Middle, Lest) MARION SABITING		AME (First, Middle, Maide NNE GUGLTU								
TO BE	196. INFORMANT'S NAME (NyperPrint) JO ANNA XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX										
	20a; METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c, LOCATION — City of Town, State										
	1 ☐ Burlet 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	RDEN'StorOPing	PATTH C	EMETERY	4/26/199		rimore			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11	22. NAME A	O ADDRESS OF F	ACIUTY	ETIME	RAL HOME			
	John I	Neston	18	7110	BELAIR R	ROAD BALTIN					
	23. PART I. Enter the disesses, pr c	complications that ceused List only one cause on e	the seath. Do not	enter the mo	ds of dying, su	ch as cardisc or res	piratory srres	t, Approximata			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Lin	15 C			interval Batween Onset and Death How mfh)					
	DUE TO (OR AS A COMMEQUENCE OF):										
NO.	Sequentially list conditions, if any, leading to immediate Due to (or as a consequence of): Change Change Chyclin 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,										
S	CAUSE (Disease or Injury										
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
CERTIFICATION		d									
AL.	PART II. Other eignificant condition	s contributing to deeth b	ut not resulting in t	he underlying	g cause given in	Part I. 24e. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ME							1	OF DEATH?			
PHYSICIAN: MEDIC											
ICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7 0	26. PL THER:	ACE OF DEATH /C	heck only one)					
14S	1 VES 2 NO	1 ☐ Inpatient 2 Enrouse 28a. DATE OF INJURY		☐ Nursing Hom		8 Other (Specify)					
	1 Section 5 Pending Investigation	(Month, Day, Year)	INJUR	WO	RK?	28d. DESCRIBE HOW	INJURY OCCUP	RED			
D BY	2 Accident Investigation 3 Suictde 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, stree			281. LOCATION (Street	and Number or	Rural Route Number,			
	4 Homicide detarmined	bolloning, arc. (Spec	агу			City or Town, State)				
COMPLETED		CIAN: To the best of my know						ause(a) and manner as stated.			
	296. SIGNATURE AND TOP OF CERTIFIES	0			29c. LICENSE NU		T	IGNED (Month, Day, Year)			
O BE	1100/	Sus	è		D 5	765	× 4	/23/93			
2	SOMAND POORESE OF PERION WAS	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	nt)							
	APR 27 1993	32. AUGISTRAR'S SIGN	ATURE MODELL								
	MIN - 1000	1									



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires	
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	

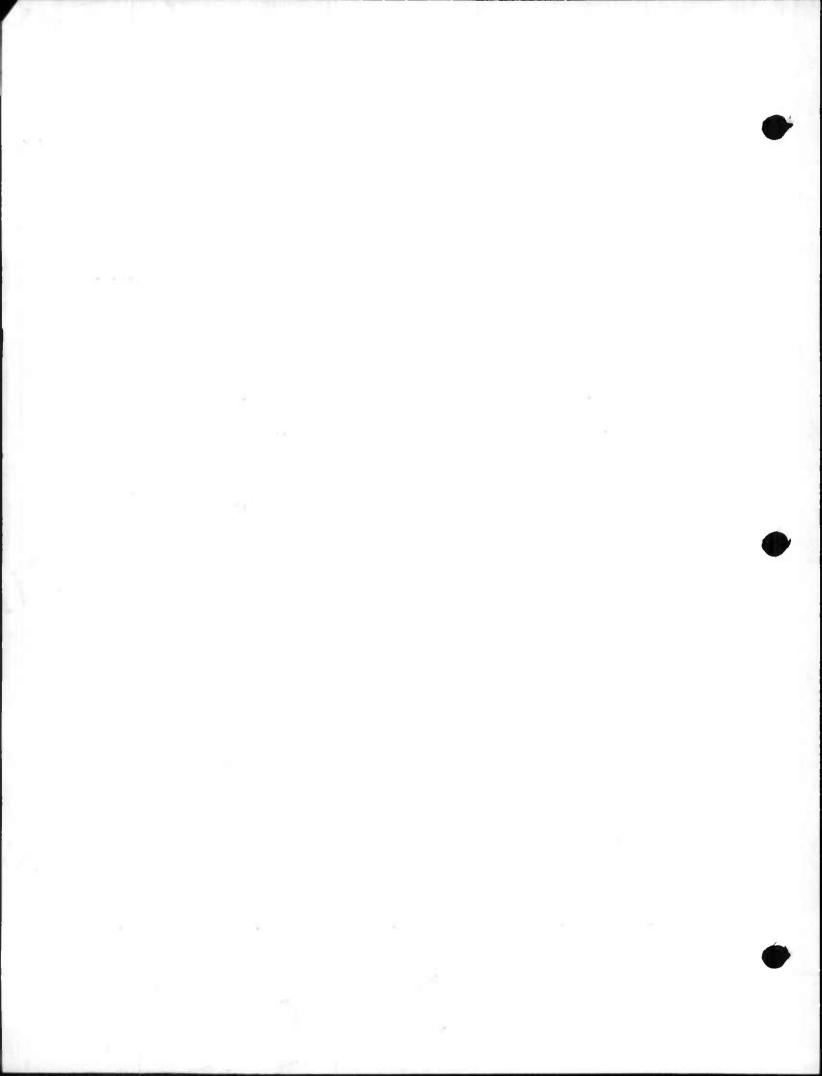
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Daisy Amelia Hardesty 1993 5:45 P.M. April 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-30-6446 59 1 M 2 TF May 24,1933 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1, 2, 3 s 3105 Edgewood Avenue FUNERAL DIRECTOR Baltimore Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Baltimore 1 YES 2 XNO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f 7IP CODE 3105 Edgewood Avenue 21234 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. burial FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2XXMarried 1 TES 2XXNO Specify: Spec#y: White BY 3 Widowed 4 Divorced the COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION use (Specify only highest grade Ď Elementary/Secondary (0-12) College (1-4 or 5+) detached N/A Self-Employed N/A Beautician 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William T. Gamber Ħ Emma J. Humple director, page 5 should be BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard E. Hardesty (Husband) 3105 Edgewood Ave., Baltimore, MD 9 20s. METHOD OF DISPOSITION
1 Durtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Meadowridge Memorial Park 4/27 4 Donation 5 Other (Specify) Baltimore, Maryland examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Schimunek Funeral Homes, Inc. Eugene 9705 Belair Rd., Baltimore, MD 21236 the th medicai 23. PART i. Entar the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or hasrt failure. List only one cause on each line. 3 Approximate Interval Between ö Onset and Death IMMEDIATE CAUSE (Final loblastoma Multitorne npletely filler cremation, traumatic event, the disesse or condition 2 ma resulting in death) DUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if sny, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior t CAUSE (Disesse or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE Emboli signed Health a 1 TYES 2 NO OF DEATH? 1 TES 2 NO of of has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem State 1 1 YES NO HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: Residence 8 - Other (Specify) the 0 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, with 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO After 1 death BY 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: COMPLETED 28 4 Homicide If Item 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. FUNERAL within 72 I 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 1 Seallly Chairm D33400 BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Iredell W. Igelhart, III, 500 W. University Pkwy., Suite 1-G, Balt.MD 21210

32, REGISTRAR'S SIGNATURE Subject widow Randalle

1993



DIVISION OF WITH CORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-
TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE MAINTIES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
TO THE FUNECAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	RTMENT OF ICATE OI	HEALTH AND DEATH	MENTAL HYGIEN REG. NO					
1	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	Ε.		НОС	E JR.			3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AC	GE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	0.4 2		3 4:22 P.M BIRTHPLACE (State or Foreign			
	213-19-2355	1 🔀 M 2 🗆 F	20 YAS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Country)				
	9e. FACILITY NAME (If not institution, give				OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH			
5	UNIVERSITY S	.T.U.		BALTI	I/A						
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY			
	Md Ann	e Arundel	Т	inthi	:11m			LIMITS?			
\¥	10e. STREET AND NUMBER				Of. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	412 Greenwood				210			S.A.			
	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:										
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18e. DECEDENT'S (Give kind of	work done during n	ION lost of working	16b. KIND OF BU	SINESS/INDUST				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	and and							
NO O	17. FATHER'S NAME (First, Middle, Last)	N/A	Mecha	inie	18. MOTHER'S N	AME (First, Middle, Maiden	s Gar	rage			
ш	Robert E. Hoo	oe. Sr.				n T. O'Ne	,				
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rura	Route Number, City or Tow	n, State, Zip Cod	ie)			
	Robert E. Hood		412			Linthic					
	1 Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	ioval from State	20b. PLACE AND DATE (cemetery, crematory or o	there where t		OATE 20c. LO					
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	Loudon F	22. NAME /	IND ADDRESS OF F						
	G. Truman	Caburah				imore Nat		Pike			
	23. PART i. Enter tha diseasaa, or o	complications that caus	sed the death. Do r	ot anter the m	. TIMOTE	, Md. 212	ratory arrest	Approximate			
	IMMEDIATE CAUSE (Final	List only one cause on	aach iina.				,,	Interval Between Onset and Death			
	disease or condition resulting in death)	· HEDO -	zus viers								
_	resulting in death) a. HSAO JAWA: (NEXT DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A:	S A CONSEQUENCE OF	7):							
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	с									
HE I	that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	7):							
		d									
CAL	PART II. Other eignificant condition	s contributing to death	but not resulting i	n tha underlyin	ig cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
						YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
2								1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C	heck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpetient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)					
PH	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJUR (Month, Day, Year 4-10-19		E OF 28c. IN	JURY AT	28d. OEŞCRIBE HOW II					
B∀	2 Accident Investigation					SUBJECT					
COMPLETED	3 Suicide S Could not be determined	building, atc. (S)		treet, factory, offi TREET	•	500 BLK.	Ind Number or R	ural Route Number,			
J.E	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my kno			and place, and du			Diliti			
OME	one) 2XMEDICAL EXAMINE	R: On the basis of examinat	tion end/or investigation	n, in my opinion,	death occured at the	e time, date and place, en	mer es atated. d due to the cat	use(s) end manner es stated.			
ш	296 MONATURE AND TITLE OF CERTIFIER	D-			29c. LICENSE NU			GNED (Month, Day, Year)			
TO B	Mente mey	tall			O.C.M.	E.		25-1993			
F	M. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27) (Type,	,	•						
		WRELL	111 P	enn St	reet, E	Baltimore	, Mary	land 21201			
	APR 27 1993 A	Jan Jan den	Drick BL								
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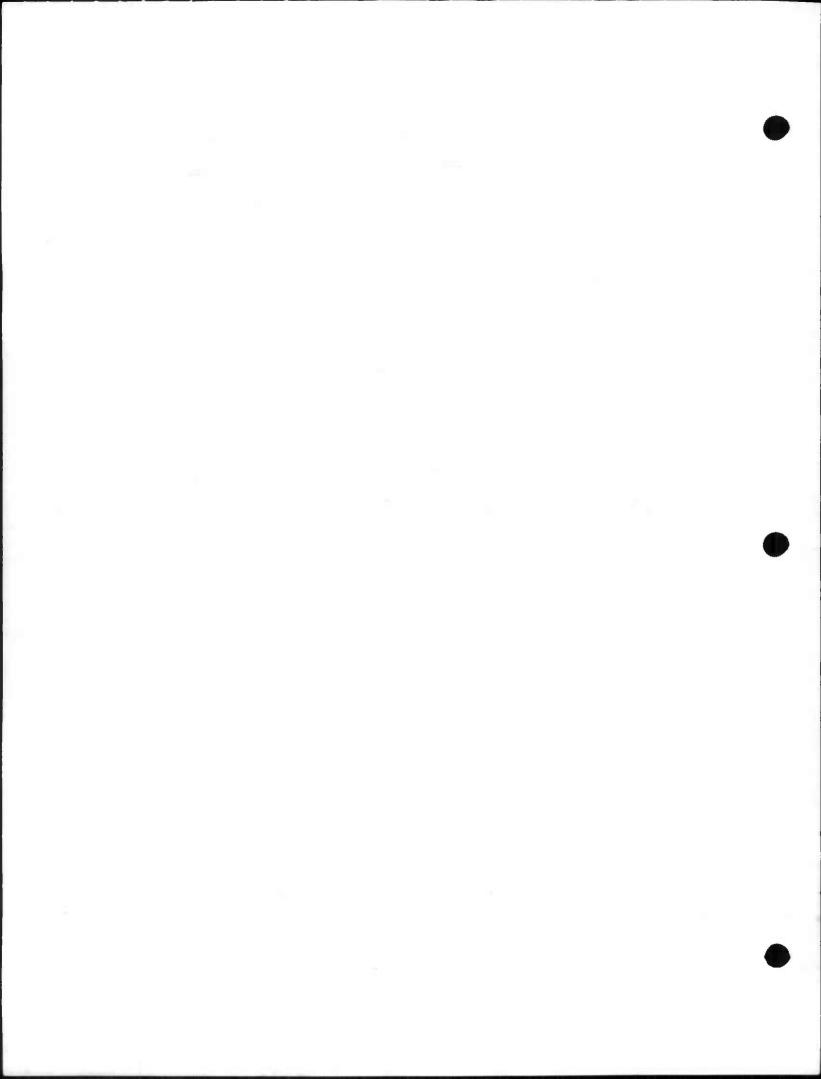
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH WILLIAM **HENRY** IMWOLD, SR. April 25 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) 56 54 YRS. 213-36-7923 1 X M 2 - F 12/17/36 Maryland 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center Baltimore City RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY use as the burial-transit permit. Pages DIR Maryland Baltimore City 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1242 Armstead Way 21205 U.S.A. HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 \(\text{NO}\) NO IF YES, GIVE WAR OR DATES 1957-1962 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried ВУ 1 TES 2 NO Specify Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 10 yr's Paper Cutter Envelope Factory 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) Harry Imwold notified at Katherine BE Yehle 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 5 Mrs. Nancy Lee Imwold Same as#10 9 20a. METHOD OF DISPOSITION
1 🖒 Burlel 2 🗆 Cremation 3 🗆 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 ☐ Donation 8 ☐ Other (Specify) Parkwood 4/28/93 Baltimore, MD examiner 21. SIGNATURE OF FUNERAL SERVICE in by the funeral or removal. Paul HArtsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, MD 21214 Leonard J. Ruck, Inc. 5305 Harford Rd. medical 23. PART I. Enter the diseases, or complications what caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only see cause on each line. filled in by I **Approximats** Intarval Batween 0 **IMMEDIATE CAUSE (Final** Onset and Death the cremation disease or condition Preumonia completely 2 MUMIR resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): attending physician and con mal Hygiene prior to burial, SQUAMOUS DUE TO OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Mental Injury, the PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE been signed by th pt. of Health and N 24a. WAS AN AUTOPSY PERFORMED? shows any 1 TYES 2 THO OF DEATH? 1 YES 2 NO has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item After this certificate I death with the State HOSPITAL:
1 Pinpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 0 THE HOSPITAL DIT THE FUNERAL DIRECTOR: Aff the filed within 72 hours after distributed the filed within 72 hours after distributed the filed by th 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)

One)

MEDICAL EVAMMED: On the best of my knowledge, death occurred at the films, date end place, end due to the cause(e) end menner ee stated. TO THE HOSPITAL OF THE FUNERAL DE FIGOR WITHIN 72 ho 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 4/28/9) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MILHARL VASEH EAMENT 574-N.L 4940 31. DATE FILED (Month, Day, Year)



TO BE COMPLET

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ſ		1. DECEDENT'S NAME (First, Middle, Last)	Lorelle	R. Ire	land					2. DATE	OF DEATN			3. TIME OF	DEATH
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		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le			Y I	I E UNDER			DE BIRTN) I 9	_	IPLACE (State	
		05/ 20 17/2	1 🗌 M 2 💢 F		YRS.	MONTHS	7	HOURS	MIN.	(Month	Day, Year)		Countr	y)	
- 1		054-28-1742 9e. FACILITY NAME (If not institution, give st		59							<u>/27/3</u>			ew Y	ork
ı	œ	THE PERSON OF TH												EATH	
	2	3020 Abell Avenue Baltimore City													
- 1	DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDI	CITY
ľ	5	Maryland				D	01+4	m 0 10	_					LIMITS	7
		10e. STREET AND NUMBER				Б		MOT	-			40 - 017		1 X YES	
	7	3020 Abell Ave	Tog. Citizen OF W												MY?
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	B	3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 NO	Specify	y:			Speci		
ı	0	15. DECEDENT'S EDUC	CATION	16a. D	ECEDENT'S	USHAL	OCCUPATION	N.		105	KIND OF BUS	DIMEGOUNI		Whit	e
	E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(0	Give kind of e. Do NOT u	work done se retired.	during mo	st of working	g ,	100.	KIND OF BOS	micoonine	DOSTRI		
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J.	ŏ	2 TITOTEODIONAL A									liddle, Maiden		: um	OI A	LL
at o		Herbert S	tub lamm					10. MOT							
9	H	19e. INFORMANT'S NAME (Type/Print)	cuntellin								or, City or Town				
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90		Bobbi Bai	ru						e.						10024
other traumatic event, the medical examiner must be notified at once.		1 Buriel 2 Cremetion 3 Remo	rval from State	20b.PLACE cemetery, cr	ematory or o	OF DISPO	SITION (Na	me of		DATE	20c. LO	CATION —	City or To	wn, State	
5	l	1 Buriel 2 (*Cremetion 3 Removal from State Cemetery, cremetory or other place) Metro Crematory, Inc. 4/21 Baltimore, Metro Crematory Signature of Fineral Service Licenses 12. Name and address of Facility									, MD	21228			
뒽)	Ser E	March	M		22	. NAME AP	atio	S OF FA	ocie	ty o	f Mc	1 Т	nc	
622		George E.	MacNabb				99	Fred	leri	ck F	Road	Balt		MD 2	1228
9		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate													
E	Į	shock, or haart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death													
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mat	CATION	Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):								-	
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her	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								-+	
0r 0	ERT	resulting in death) LAST													
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an	용내									_	YES 2			COMPLETION OF DEATH?	
24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											1 YES	2 I NO			
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E	₹ I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DI	EATN (Che	ack only one)			_	
1 16	SICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetient	DOA	OTHE	R:	V		8 Other					
d,	PHY	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM	E DF	28c. INJ	URY AT	1		CAIBE HOW IN	JURY OC	CURED		
arke		X Natural 5 Pending	(Month, D	ay, 100/)	IN.	JURY		RK? 'ES 2	NO				1000		
E H	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	F INJURY — At h	ome, ferm,	street, fac			177	28f. LOCA	TION (Street e	nd Number	r or Rural A	Route Number	
00	Ӹ	4 Homicide determined	building,	etc. (Specify)							r Town, Stete)				

ition, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner es stated. 29c. LICENSE NUMBER O.C.M.E.

30. NAME AND ...

MAKO T.

31. OATE FILED (Month, Day, Year)

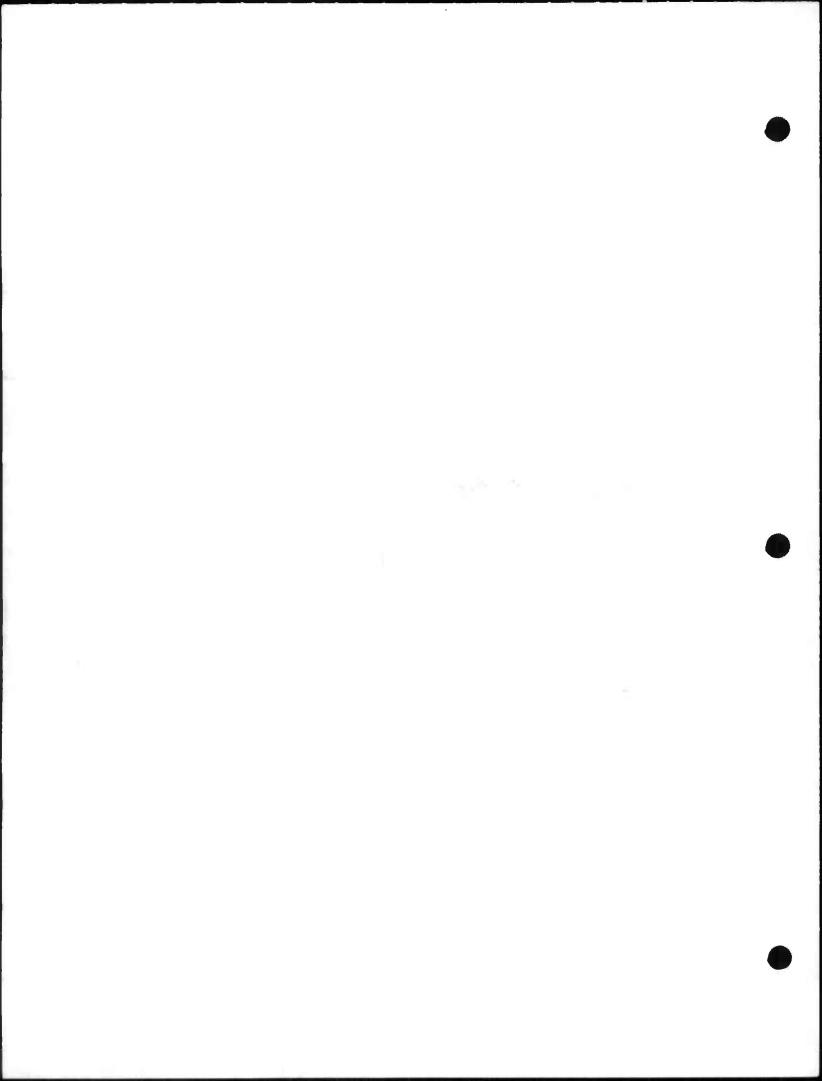
APR 26 1993 OF DEATH (ITEM 27) (Type, Print) GOLVE

Penn Street, Baltimore, Maryland

JZ MEGISTRAR'S SIGNATURE

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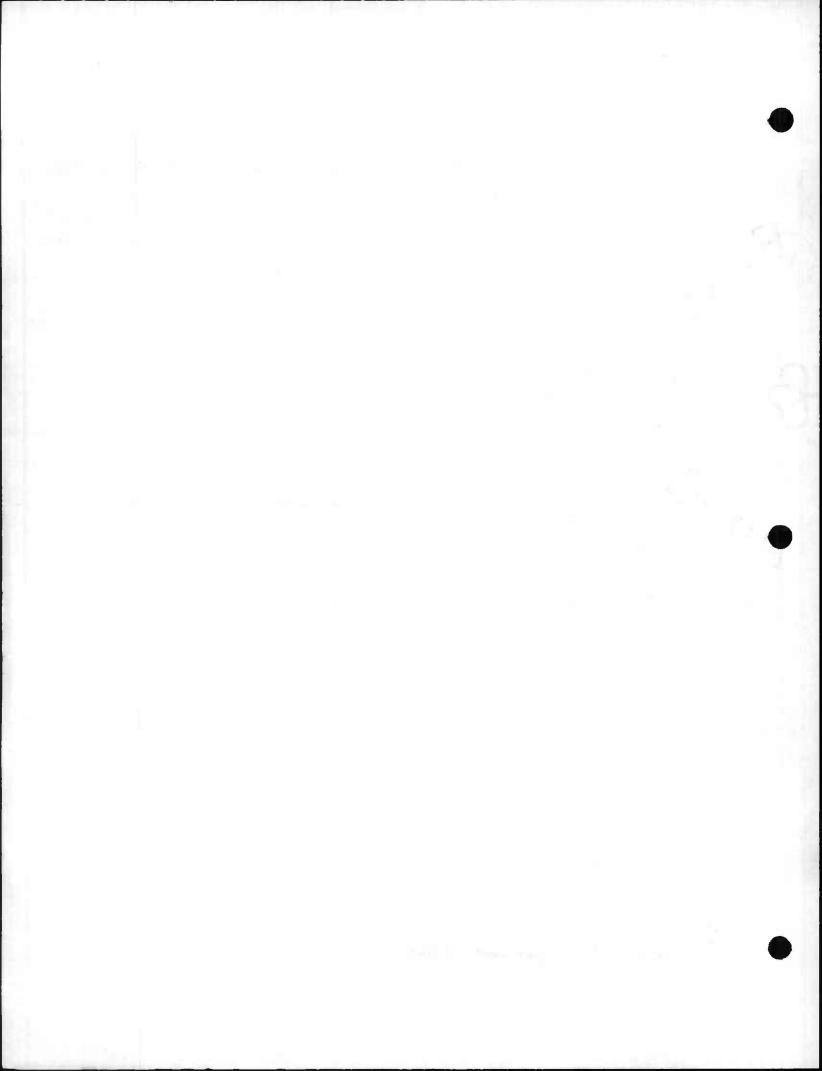
/14/1993



1 -

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH	3. TIME OF DEATH									
Į.	Emma JACKSON			04 22	93 4:17 M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. In:	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign								
	216-22-3725 10M20F 75	8-18-19/	8 Mary AM									
- 0	98. FACILITY NAME (If not injettjution, give street and number) , 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
H	Joseph Richey Hospice BAltimore City											
5	RESIDENCE OF DECEDENT	^	Trinore	C/14								
DIRECTOR	10a. STATE 1 10b. COUNTY 1	10c. CITY, TOWN C	R LOCATION	V	10d. INSIDE CITY LIMITS?							
5	maryland	BAI	Timore		1 VES 2 □ NO							
AL	10. STREET AND NUMBER		101. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?							
ER	3000 W Belvedore, Av	e,	21215		11.5.11							
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF		WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes or I	No— 14. RACE — American Indian, White, etc.							
	1 Never Married 2 Married FORCES? 1 YES 2		1 yes, specify Cuben, Mexico		Mack, White, stc.							
ВУ	3 Widowed 4 Divorced				BLACK							
COMPLETED	15. DECEDENT'S EDUCATION 16a. DE (Specify only highest grade completed) (G	ECEDENT'S USUAL OF	CCUPATION	16b. KIND OF BUSINE	SS/INDUSTRY							
9		. Do NOT use retired.)	and a worlding									
<u>A</u>					No.							
S	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Midfile, Maiden Surr	nagro) /							
BE (LERVIA VANJANDUN: ha	m	Geri	Rude 1	SAnd							
10	19a. INFORMANT'S NAME (TypesPrint)	b. MAILING ADDRESS	(Street and Number or Rural)	Houte Number, City or Town, St	tete, Zip Code)							
F	196. INFORMANT'S NAME (Type Print) 196. MAILING ADDRESS (Street and Number or Aural/Route Number, City or Town, State, Zip Code) 72 HAW Thorne, Ave. F. OR Angel N. 107018											
		AND DATE OF DISPOS	ITION (Name of	DAYE 20c. LOCATI								
	1 D Suriel 2 Cremation 3 minoral from State cambiary, brid	ematory or other place)	m HATE	1427 BA	Ito. co. md.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22.	NAME AND ADDRESS OF F	equity<< =/	was al Home							
	Deply VIII		sephair	4/1/4/	NET TO THE STATE OF THE STATE O							
	Losier J. Mass	- 2	232 W. NO	-10 HUE. B	Altomo. 21216							
	23. PART . Enter the diseases, or complications that caused the dishock, or heart failure. List only one cause on each line	eeth. Do not enter	the mode of dying, suc	h as cardiec or reapirate	ory arrest, Approximets Interval Between							
	IMMEDIATE CAUSE (Finel				Onset and Death							
	disease or condition a. Curchexia											
	DUE TO (OR AS A CONSEQUENCE OF):											
Z	Sequentially list conditions. End Stage Com carcinoma Sys.											
CERTIFICATION	If any, leading to immediate											
2	cause. Enter UNDERLYING CAUSE (Disease or injury											
	that Initiated events DUE TO (OR AS A CONSE resulting in death) LAST	OUENCE OF):										
Ä	d											
	PART II. Other algnificent conditions contributing to deeth but not	resulting in the un	deriving cause given in	Part I. 24s. WAS AN AUT	OPSY 24b. WERE AUTOPSY FINDINGS							
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	The standard the standard	-		1 TYES 2 D	OF DEATH?							
_					1 TES 2 NO							
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)	1 0							
YS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3		sing Home 5 - Residence	6 (Other (Specify) 50%	sech Kichan Homa							
E	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJUI	RY OCCURED							
BY	2 Accident Investigation	M	1 YES 2 NO									
	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, facto	ory, office	281. LOCATION (Street and I City or Town, State)	Number or Bural Boute Number,							
COMPLETED	4 Homicide determined											
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, da	eath occurred at the ti	me, data and place, and due	to the cause(s) and manner	as stated.							
S	one) 2 MEDICAL EXAMINER: On the basis of examination end/or											
	29b. SIGNATURE AND TITLE OF CENTEIER		29c. LICENSE NUI									
BE	Why had		1 2 2 1	11.(1/	d. DATE SIGNED (Monthy Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) (Time Drive)	1726	746	11247							
/	WHI I COMPANIE	11	(1)	110.1	0 8 1 11 - 0							
4	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE	xI+ M	JUNUS	(Ashma go	in preda							
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE			4								
	APR 2.7 1993 Hulis Druidson-Rom	480										
		-			DUMM 16 B 100							



1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI REG. NO		11074					
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN					
MICHAEL	D.	JOHN	SON	4 23	1993						
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTNPLACE (State or Foreign					
219-66-5024	1 1 1 2 □ F	34 YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year)	589	untry)					
9a. FACILITY NAME (If not institution, give s	street and number)	96.	CITY, TOWN OR LOCATION OF D	DEATN	9c. COUNTY O	F DEATH					
SINAI HOSP	'ITAL		BALTIMORE (CITY	32 - 111 -						
RESIDENCE OF DECEDENT			DAUTIMORE (
10a. STATE 10b. COUNT	Ψ	10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?					
naryland		12/4	Mimore			1 VES 2 NO					
10a. STREET AND NUMBER	. / /		10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?					
2/2/ Tenor	idge Au	16,	212/3	5	U,	5,H.					
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Ye	es or No — 14. R.	ACE American Indian,					
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		If yes, specify Cuben, Maxic 1 TES 2 THO Speci		S	echy /					
	1				15	IACK					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY											
Elementary/Secondary (0-t2)	College (1-4 or 5+)	ijfe. Do NOT use ret	red.)								
		UNEMP	loved								
17. FATHER'S NAME (First, Middle, Last)	. /		18. MOTHER'S NA	AME (First, Middle, Maide)	Surname)						
Lacuis Jo	nn son		JEAI	n Joh	2502						
(19a, INFORMANT'S NAME (Type/Print)	ma -	19b. MAILING AOD	RESS (Street and Number or Rural	Route Number, City or Tox	vn, State, Zio Code)	1 -					
Mrs. JEAN 7	11445	5/2/	Tempridge	, BAIL	J. The	1,21215-					
20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem		D. PLACEAND DATE OF DI		DATE 20c. L	OCATION - City or	Town, State					
4 Donation 6 Other (Specify)	/	matery cremetory or other a	men. Tark	1/26 6	A110, 0	o. Md.					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FUNERAL HOME,											
Joseph L. Kuss Tunering Com											
22 PACT Enter the diseases of completeless that could be death Brown (North Hole. DA/TO, Mc. 2/2/6											
23. Past I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, ahock, or heert fellure. List only one cause on each line. Approximate interval Between											
IMMEDIATE CAUSE (Final disease or condition	11, -0,-	0				Onset and Death					
resulting in death)	. MULTIPLE	GULS HOT	MOUNDS								
	DUE TO (OR AS	A CONSEQUENCE OF):									
Sequentially list conditions,	b										
If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):									
CAUSE (Disease or injury	C										
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):									
	d										
PART II. Other algnificent condition	s contributing to death !	out not resulting in th	e underiving ceuse given in	Part I. 24s. WAS AF	AHTOPSV	4b. WERE AUTOPSY FINDINGS					
	Bate			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
				1 (X YES	2 NO	OF DEATH?					
					,	1X YES 2 NO					
					'						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (Ch	neck only one)							
1 X YES 2 □ NO	1 Mnpatient 2 - ER/Out		Nursing Home 5 - Residence	8 Other (Specify)							
27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED						
1 Netural 5 Pending 2 Accident Investigation	21	1993 5:40		SUBJE	CT SHOT	r [
3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spe	/ — Af home, ferm, atreet	, factory, office	28f. LOCATION (Street City or Town, Stete	and Number or Run						
4 Homicide datarmined	PORCH-5		IDGE AVENUE		MORE C	TTV					
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	riedge, death occurred at	the fime, date end place, end due								
			my opinion, death occured at the			e(a) and manner as stated					
29b. SIGNATURE AND TITLE OF CERTIFIER											
Man - A.	Uh 10.		29c. LICENSE NUI		29d. DATE SIGN	EO (Month, Day, Year) 24 1993					
30. NAME AND AMDRESS OF DEBSON WILL	O COMPLETED CALIFE OF THE	ATM (ITEM ATM /			7	4 1993					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 111 Penn Street, Baltimore, Maryland 21201											
31. DATE FILED (Month, Day, Year) APR 2 7 1993	32 REGISTRAR'S SIGN	Andell									

mit. Pages 1, 2, 3 should

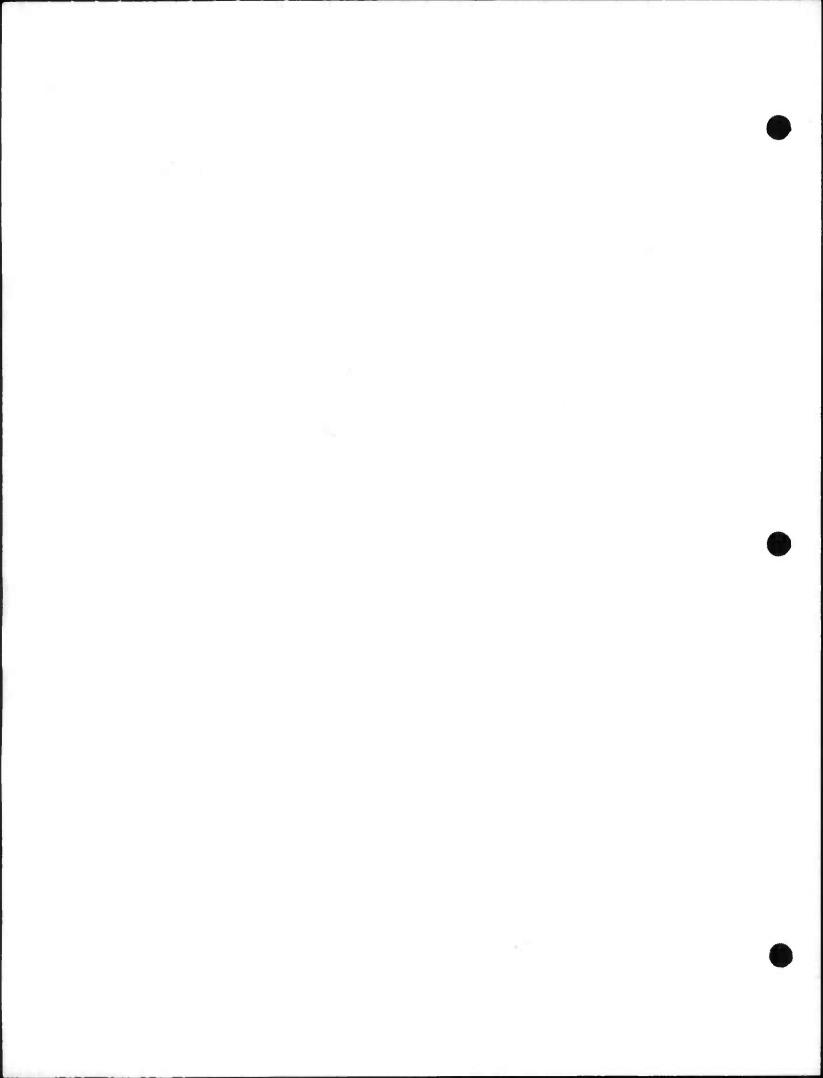
TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-00 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

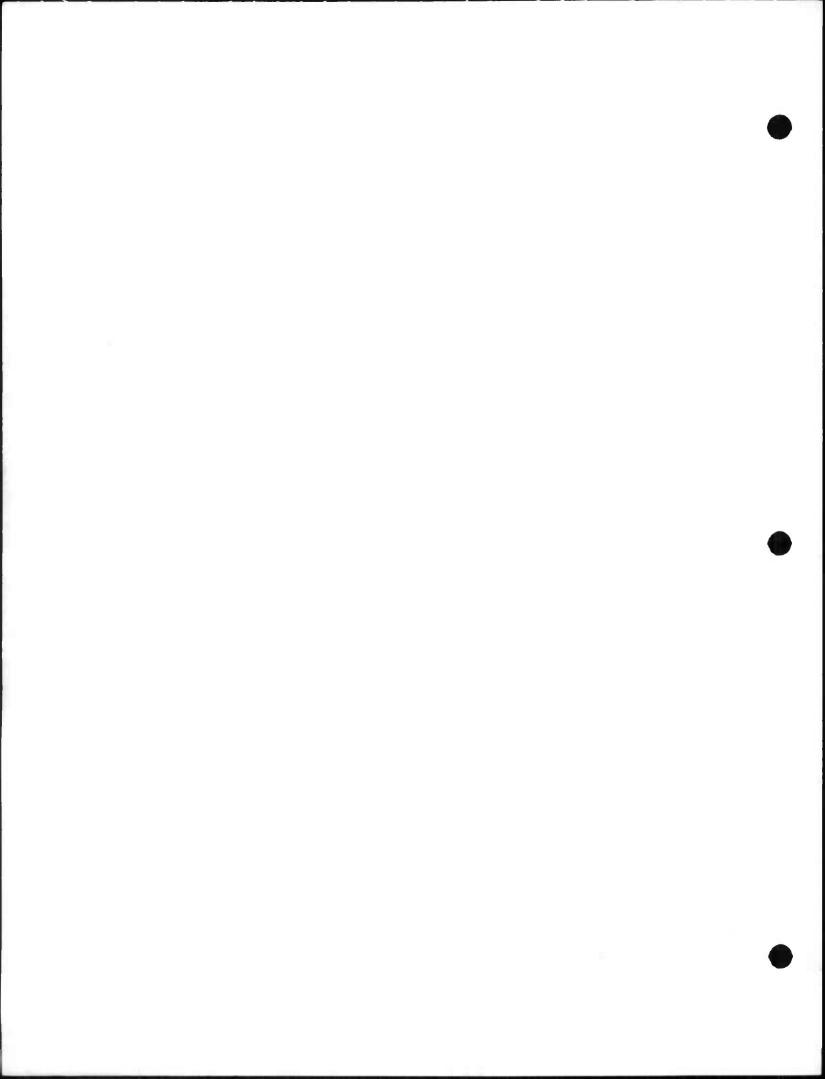
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



BALLIMORE, MARYLAND	in 24 hours after death. Page 6 may be retained by the hos	ely filled in by the funeral director, page 5 should be detach nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS/FL BOX 08/00,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mounts that the until American be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been upped by the amounts, particular and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of hearth and Mental Hydron princ to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trainmatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENT ICATE	OF H	EALTH DEAT	AND M		GIENE G. NO.	9	3	1875
	1. DECEDENT'S NAME (First, MIGGIO, Last)		ytty	Lee		cob	s		2. DATE OF DE	23	23/9	3 AR 3	5 5 A M
	4. SOCIAL SECURITY NUMBER/ 4.4.44.4104.5 98. FACILITY NAME (If not institution, give a	1 🗆 M 2 💢 F	6. AGE (In yrs. las	birthday)	IF UNDER 1	DAYS	IF UNDER	MIN.	7. DATE OF BIR	TH12/	3/73	8KL	ACE (State or Foreign
TOR	Stella Maris I				9b. CITY,		OWSOI	ON OF DEA	9c. COUNTY OF DEATH Baltimore				
EC	10a, STATE 10b. COUNT	Y		10c. CIT	ETY, TOWN OR LOCATION							1	Od. INSIDE CITY
FUNERAL DIRECTOR	Maryland 100. STREET AND NUMBER	Baltimore				Perr				ry Hall			LIMITS? YES 2 X NO AT COUNTRY?
ER/	3909 Mewswood	Lane. A	nt A-1					21	236		.09. 0.11.	USA	AI COUNTY
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED			11	yes, spe	cify Cuba	F HISPANIC	C ORIGIN? (Spec Puerlo Rican, e	cify Yea o	or No-		- American Indian, White, etc.
		<u> </u>											White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	lve kind of v Do NOT us		uring mos		g	16b, KIND				
MP	Student School												
BE CC	17. FATHER'S NAME (First, Middle, Lest) Clyde Wil	illiam	Jacobs	3			18. MOTH	IER'S NAMI	E (First, Middle, i	Maiden Si	urname)		
9	19a. INFORMANT'S NAME (Type/Print)	_	190	. MAILING	ADDRESS	(Street er	nd Number	or Rural Ro	ute Number, City	or Town,	State, Zip	Code)	
F	Mildred O. Jac	cobs	2	209	Ε.	Rob	ins	on	Norma	n,	OK 7	73071	L
20s. METHOD OF DISPOSITION 1													
	21. SIGNATURE OF CUNERAL SERVICE CIT	ENSEE /	H		22. N	AME AN	D ADDRES	S OF FACIL					
	George E.				29	9 F	red	eric	k Roa	d :	Balt	.o.,1	MD 21228
	23. PART I. Enter the diseases, or canock, pr heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	RIA had	e Dn eech iine	ARAI	ma	the mod	de of dyl	ng, such :	sa cerdiec or	respira	itory sm	eat,	Approximats interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
_ 1	PART II. Other significent condition	s contributing to d	leeth but not r	esulting i	n the und	lerivino	CSUSO	dven In D	art I 240 W	MC AN A	ITOBEV	T 0.45 W	
PHYSICIAN: MEDICA							9		P	ERFORM YES 2 \$	ED?	AN CH	ERIE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					20 04	ACE OF D	EATH (Check					
SIC	EXAMINER?	HOSPITAL:	FR/Outpatled 2	□ noa I	OTHER:	:			**		Hog	pice	
Ä	27. MANNER OF DEATH	28a. DATE OF IN	YJURY	28b. TiMi	E OF 2	28c. INJL	JRY AT	-	Other (Special Control of the Contro	**			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Ortes	ILNI	M		ES 2	NO (
									City or Town,	Street and State)	d Number (or Rural Rou	te Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOURSE TO MEDICAL EXAMINE												nd manner as stated.
BE		lexa					29c. LICE	2708	87	1			onth, Day, Year)
ř						Hoer	ni co-	ים ניום.	netr 1721	ller			
	Carla A. Ci						29c. LICE	NSE NUMBI 2708	er 87			SIGNED IM	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Carla S. Alexander, M.DStella Maris Hospice-Dulaney Valley RdTowson 21204												

32. REGISTRAR'S SIGNATURE



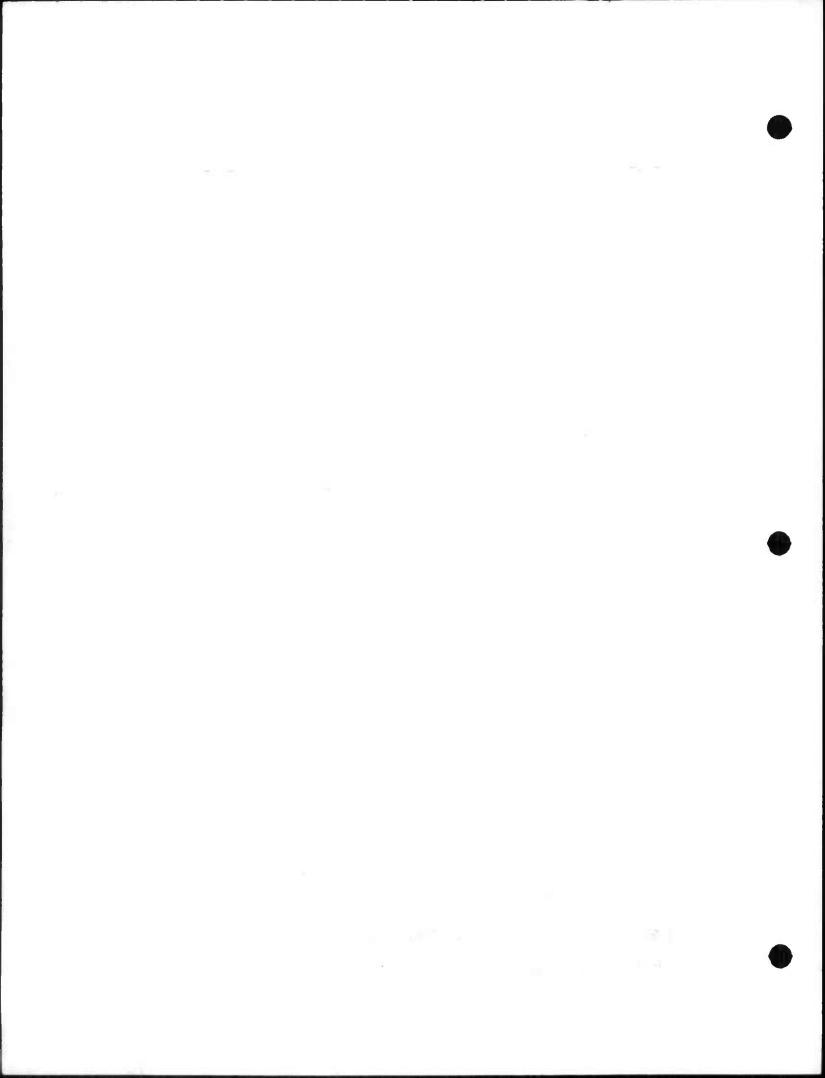
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	requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	and the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 of health and Mental Higher prior to burial, cremation, or removal.	
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notified at once. pe must examiner medical P P event. 题 · 2 ta marked. L OR ATTENDING P DIRECTOR After Nous after death

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 William John Kagle 4:40 PM 4. SOCIAL SECURITY NUMBER 5. SFX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 215-09-8596 1 X M 2 - F 10-12-1911 Maryland hould 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 7322 Waldman Avenue Dundalk Edgemere Baltimore RESIDENCE OF DECEDENT Maryland 10b. COUNTY 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore Dundalk Edgemere 1 YES 2 XNO FUNERAL 10s. STREET AND NUMBER 10f. 7IP CODE 10g. CITIZEN OF WHAT COUNTRY? 21222 7322 Waldman Avenue 21219 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 20 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Olvorced White COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY mentary/Secondary (0-12) College (1-4 or 5+) 12th Grade Salesman Koester Bakery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname John Kagle Eva May Howser BE 19e. INFORMANT'S NAME (Type/Print) reet end Number or Rural Route Number, City or Town, State, Zip Code) Mrs Helen T. 7822 Waldman Avenue Kaale Dundalk. Maryland 28s. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Holy Rosary Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 4/29/93 Baltimore, Maryland 21. SIGNATURE OF FUNE AL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Duridalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222 23 PART I. Enter the diseases, or complicatione that ceused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. Liet only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition BNCER 0 BNCNED! resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: ent 2 ER/Outpetient 3 DOA Residence 8 Other (Specify) 4 - Nursing He 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Accident 5 Pending Investigation 1 YES 2 NO B 3 Suicide 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 8 Could not be 4 Homicide DOMPLE 1 ___ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner ee stated. TO THE FUNERAL DE FREE WITH 72 N 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner ee stated. 29d. DATE SIGNED (Month, Day, Year) 26/5 36435 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 112 1 (1+ ANDSUN NO

32. REGISTRAR'S SICHATURE



TO THE HOSPITAL OR ATTENDING PHYSICS THE BACK SHARE THE GREAT CENTRICATE DE SECURED WITHIN 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After the case has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after count with the filled within 72 hours after count with the marked, it is marked, it is marked, it is marked, it is marked, it is not a shown any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)	Marc	Anthony	Leonard			MY YEA	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER				UNDER 24 HRS.	0.4 2.5 7. DATE OF BIRTH	1993	RTHPLACE (State or Foreign				
	215-76-6385	1 □X M 2 □ F 3	1 YRS.	NONTHS DAYS HO	OURS MIN.	(Month, Day, Year) 12-12-1	C	Maryland				
Œ	9a. FACILITY NAME (If not institution, give s			9b. CITY, TOWN OR L		тн	9c. COUNTY C					
CTO	UNIVERSITY HOS			BALTIM	ORE							
DIRECTOR	Maryland 10b. count	r Baltimore	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?					
	10e. STREET AND NUMBER	Successione		10f. ZIF	Edgen CODE	10g. CITIZEN C	1 YES 2 X NO					
FUNERAL	2406 Cooper Aven				2		ted States					
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 - NO	If yes, specify	Cuban, Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	6	ACE — American Indian, llack, Whita, atc.				
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify: Wh												
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during most of	working	16b. KIND OF BU	SINESS/INDUSTR	Υ				
MPL	Elementary/Secondary (U-12)	College (1-4 or 5+) 1 Year	Service	Technici	an	Hon	nedco					
	17. FATHER'S NAME (First, Middle, Last) JOSEPH ROBERT LE	anard				E (First, Middle, Maiden						
8	19a. INFORMANT'S NAME (Type/Print)	onwia	19b. MAILING A			Le Louise une Number, City or Tow						
٥	Mrs Marnie C. Le	onard				dgemere,						
	20s, METHOD OF DISPOSITION 1 Description Method Burlat Description	oval from State 20b.	PLACE AND DATE OF etery, crematory or other ULRWOOD C	DISPOSITION (Name of place)	4/2	2/02	CATION — City o					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<u>virwood Ci</u>	22. NAME AND A	DDRESS OF FACIL	LITY DA		. Maryland				
	Regon	E Leas	_	Duda-Ru	ck Fune	ral Home ue Dunda	of Dund	alk, Inc.				
	23. PART i. Enter the diseases, or o	complications that caused List only one cause on ea	I the desth. Do no	t enter the mode	of dying, such	ss cardiec or resp	iratory arrest,	Approximata				
	IMMEDIATE CAUSE (Finei			.0 .0.				interval Between Onset and Death				
	resulting in desth) a. GUNSHOT WOUND OF CHOST DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
CER		d										
SAL	PART ii. Other aignificent condition	a contributing to deeth be	ut not resulting in	the underlying ce	use given in Pr	ert I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
EDI						1 X YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?				
Z.								1 TYES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE	OF DEATH (Check	k only one)						
HYS	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☑ ER/Outpi	26b. TIME (· ·	Other (Specify)	NJURY OCCURED					
ВУ Р	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year) 04/25/19	- 4	M 1 TES	2 × NO	SUBJECT	SHOT 1	by POLICE				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	ny)		3	181. LOCATION (Street)						
LET	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowle	AT HOM			BALTIMOR		RYLAND 2121				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	R: On the beals of axaminstion	and/or investigation,	in my opinion, death	occured at the tin	ne, deta and place, an	oner an ataled. Id due to the caus	e(a) end manner as stated.				
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	1/		290	LICENSE NUMBI	ER	29d. DATE SIGN	IED (Month, Day, Year)				
70	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Time C		O.C.M.I	Ξ.	04/	25/1993				
		. Ko Row M			Balti	imore, M	larvlar	nd 21201				
	31. DAPR 277 1993	July Jan 18 Sign					7 = 04	22201				

ICIAN: 1	TO THE FUNREAL After this certificate has been signed by the attaineding physician and completely filled in by the funeral director, page 5 and order or the burial-transit permit. Pages 1, 2, 3 should be a district the scene and the second transit permit. Pages 1, 2, 3 should be a district to the configuration of the purishment of the purishment that the purishment of t	De lied within 12 hours after useful with the past Dept. Or negatilish with the model of the standard of the s
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30. NAME AND ADDRESS OF PERSON

Benjamin K.

31. DATE FILED (Month, Day, Year)

APR 27 1993

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

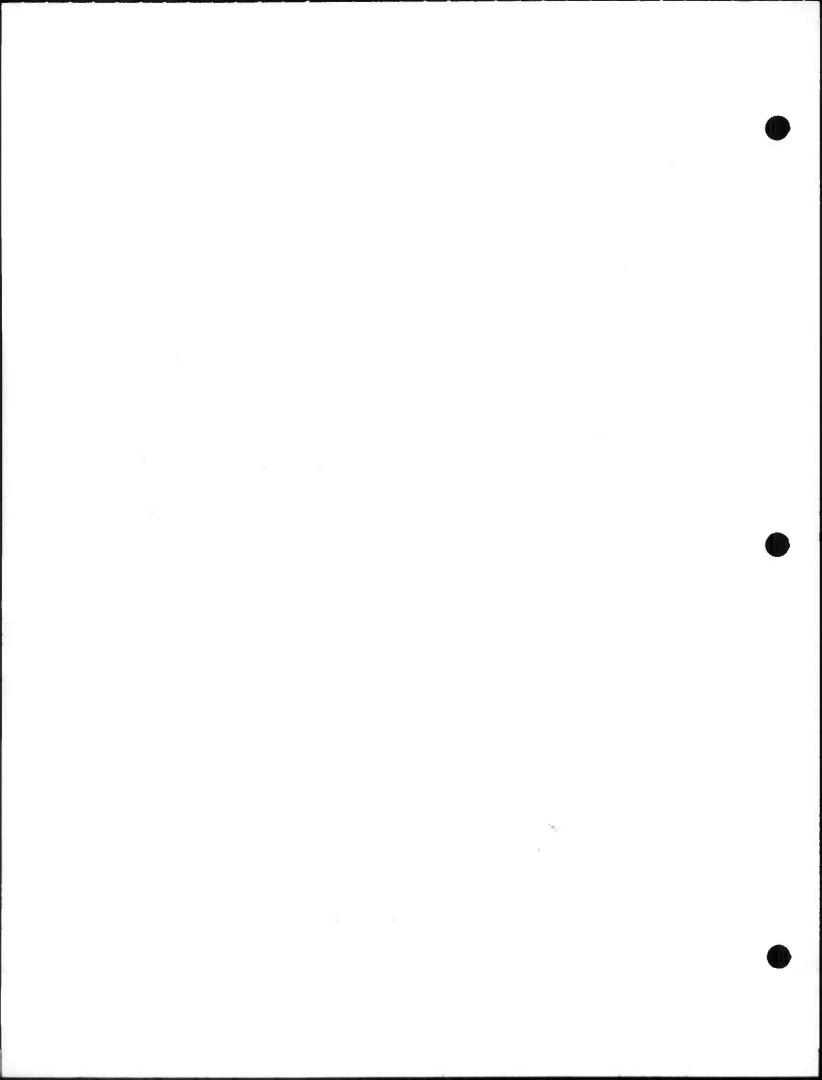
32. REGISTRAR'S SIGNATURE

1. Daindson-Pandelle

Yorkoff, M.D.

											9	3	11878
	1 - FOR STATE REGISTRAR		STATE OF N	MARYLAND C	/ DEPAR	RTMEN	T OF H	EALTH DEAT	AND I	MENTAL HYGI			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
		Danie		Moylan						April 2	DAY	3 YEAR	6 Th #
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. I		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI	HPLACE (State or Foreign
	215-44-0079		1√X M 2 □ F	88	YRS.				mino.	(Month, Day, Year Dec. 18	,1904		Maryland
oc	9a. FACILITY NAME (If not in						Y, TOWN C		ON OF DE	ATH		UNTY OF C	
DIRECTOR	11 Thelma		t]	limon	ium			Ba	altim	ore
) j	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
늅	Maryland	Balt	imore			Tim	noniu	m					LIMITS?
¥	104. STREET AND NUMBER						101	ZIP CODE	E		10g. CI1		WHAT COUNTRY?
FUNERAL	ll Thel	ma Str	eet				2	1093				U.S	5.A.
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN? (Specify	Yea or No-	14. RAC	E American Indian,
ВУ	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES	INO		1 Yes, spe		n, Mexice Specify	n, Puerto Rican, atc.)		Spec	ck, White, etc.
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	(Specify only	highest grade	completed)		Give kind of the Do NOT us	Work done	during mo	HN at of workin	g	16b. KIND OF	BUSINESS/IN	OUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5 +	1	heif					U S Pul	olic E	lealt	h Hospital
NO N	17. FATHER'S NAME (First, MI	iddle, Last)							ED'S NAI	ME (First, Middle, Meld			
	Joseph	A Mos	vlan							a O'Kee:			
BE	19a. INFORMANT'S NAME (7)		ylan	1	9b. MAILING	ADDRES	S (Street a	nd Number	or Rumi F	loute Number, City or	Town State 7	in Code)	
5	Johanna M.	Movla	n				s #1				0,010, 2,0	p 0000)	
	20a. METHOD OF DISPOSITI	ON		20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		DATE 20c.	LOCATION -	- City or To	own. Stata
20s. Met NOO of Disposition (Name of the Burlet 2 Cremetion 3 Removal from State Donation 5 Other (Specify) Donation 5 Other (Specify) Dulaney Valley Mem. Gards. 4-28-93 Timomium, Maryl										Maryland			
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	0			NAME AN						
	► Wal	-	- 1000	oobs,	21	- 1	050	Vork	Poa	uneral Ho	hM c	272	204
	23. PART I. Enter the di ahock, or he	seases, or c	omplications that list only one cau	caused the d	laeth. Do r	not enter	r the mod	de of dyl	ng, such	as cerdiec or re	spiratory ar	rest,	Approximate
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	disease or condition resulting in death)	→ ,	Melosl	Elin	12	w	nel	rope	m	· Con	reen	6	
			OUE TO	ION AS A CONSI	EQUENCE OF	7:		7	0	orme d			
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EA	If any, leading to immed cause. Enter UNDERLY		OUE TO	OH AS A CONSE	EUGENCE OF	*							
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E	resulting in death) LAS	т 🌓 "				(3)							1
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¥	PART II. Other aignifice	nt conditions	contributing to	death but not	resuiting	n the u	nderlying	ceuse g	iven in I		AN AUTOPSY ORMED?	24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA										1 _ YES	2 NO		COMPLETION OF CAUSE OF DEATH?
×										_			1 YES 2 NO
Ä													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF OE	EATH (Che	ck only one)			
¥	1 YES 2 ND		1 Inpatient 2 I		_			$-\sim$	sidence (6 Other (Specify)			
	_/	Pending	(Month, Da		26b. TIM	URY	28c. INJU	RK?		26d. OEŞCRIBE HOV	V INJURY OC	CUREO	
BY	2 Catalan	nvestigation	26a, PLACE Of	FINJURY — A1 h	ome ferm s	treet fac		ES 2	NO	281 OCATION /C-	- A of 80 0		
8		Could not be letarmined	building,	atc. (Specify)	,, .		tory, ornea			261. LOCATION (Stre City or Town, Sta	te)	r or Murai P	soute Number,
Ē	29a. CERTIFIER	EVINC BUVEIC	NAME To the best of								_		
COMPL										to the ceuse(s) and r			s) and manner as stated.
	29b. SIGNATURE AND TITLE				vealigatio	i, ai my t	ANTHON, GO						
BE	Q I	OF CERTIFIER	-0 -11				1	29c. LICE		BER	1 6	3	(Month, Day, Year)
2											93		

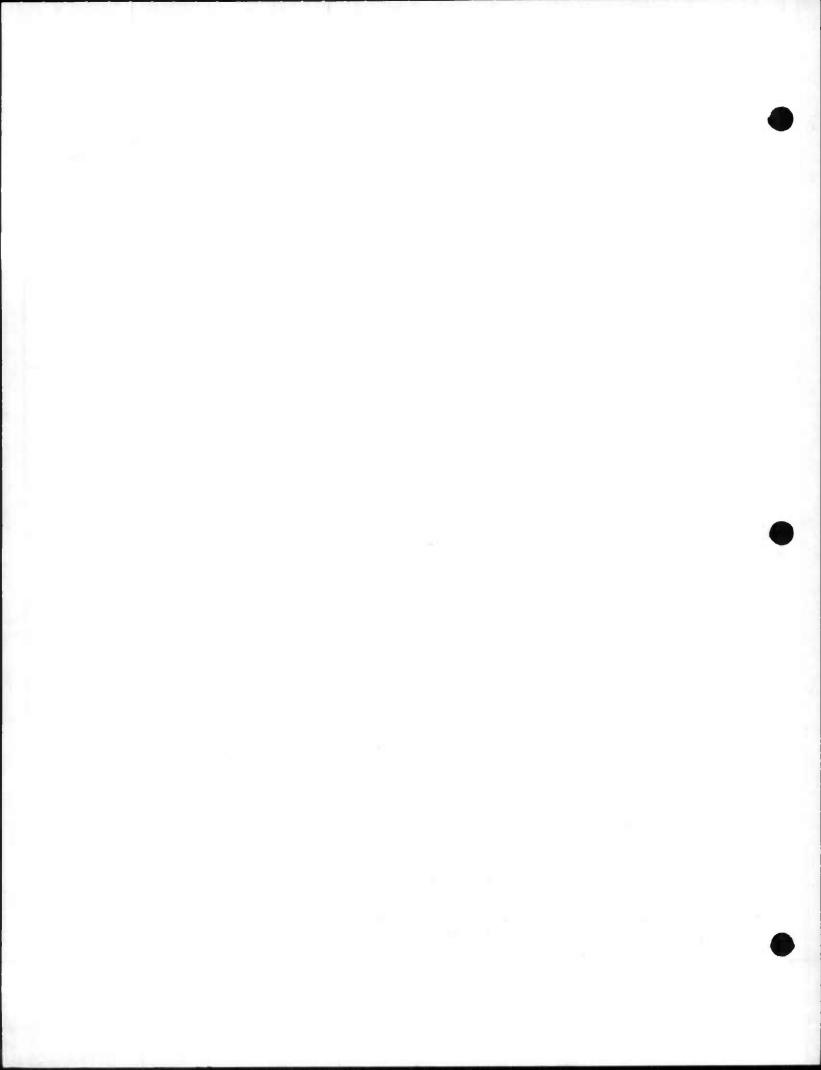
120 Sister Pierre Drive, Towson, Md. 21204



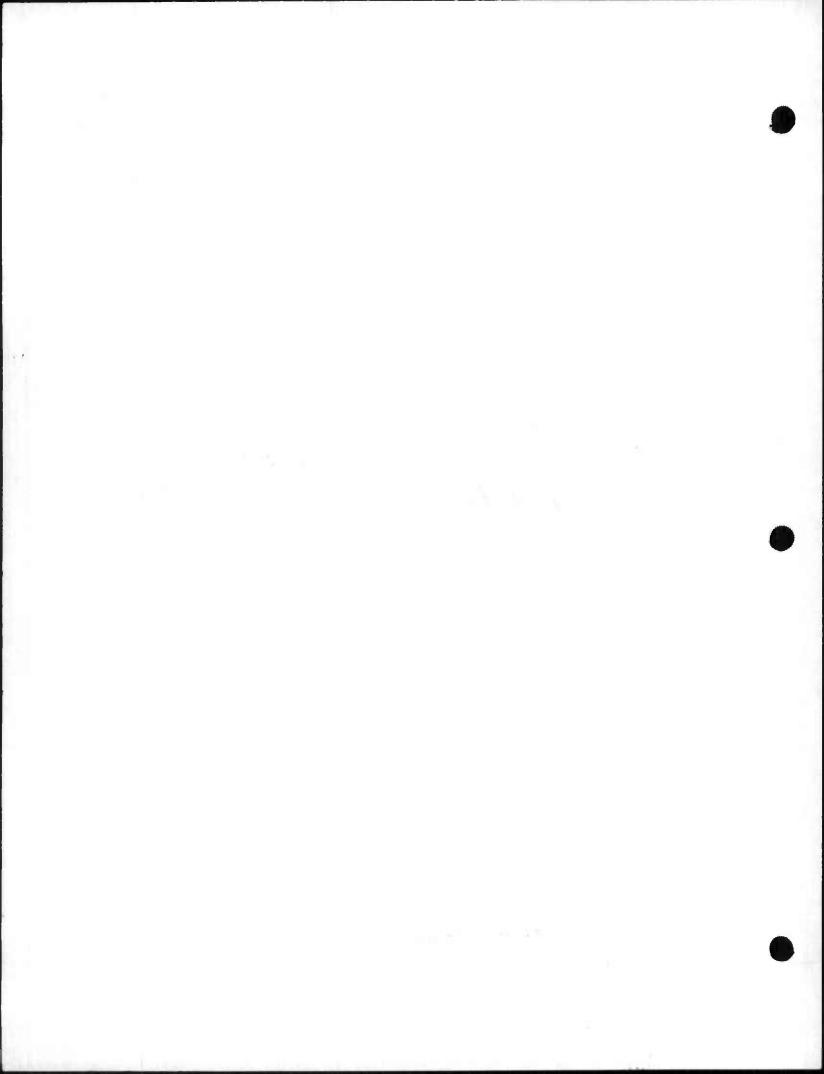
-transit permit. Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	PITA	ERAL	22 1	T: H	1
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	È	

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD ATE OF DE		TAL HYGIENE REG. NO.	9	3 11879
	1. DECEDENT'S NAME (First, Middle, Last) MARLING, B	DOROTHEA	Dorothea	B. Marli		DATE OF DEATH DAY	YEAT	
	4. SOCIAL SECURITY NUMBER 2/2 - 03 - 1892	1 🗆 M 2 📉 F	84 YRS. MO	NTHS DAYS HOU	NS MINI.	NATE OF BIRTH Month, Day, Year) 8/30/08	Co	aryland
TOR	STELLA MARIS RESIDENCE OF DECEDENT		98	TOU	SOY		Bal	
DIRECTOR	10a. STATE 10b. COUNT	Balto	10c. CITY, TO	OWN OR LOCATION TO WS	ion			10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL		LES CIRCLE		10f. ZIP C	1204		10g. CITIZEN O	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDEN II yes, specify C 1 YES 2 P	uban, Maxican, Pu	RIGIN? (Specify Yes o erto Rican, etc.)	BI	ACE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Flementsry/Secondary (0-12)	CATION o completed) College (1-4 or 5+)		done during most of wi tired.)	i	18b. KIND OF BUSH		
DMP	12 17. FATHER'S NAME (First, Middle, Last)		Secreta	-		J. Irvin		rt
BE C	GEOR	GE H. E	Borcherd	1116		irst, Middle, Meiden St ELLIE M		Iogan
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAJLING AD	DRESS (Street and Nun	nber or Rural Route	Number, City or Town,		9
	James C. Lindsay			Box 659		ton , Mar		
	1 Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	oval from State	PLACE AND DATE OF D letery, crematory or other OFFALTHE Pa	ISPOSITION (Name of place)	ery 4/27	/93 Bal:	TO MA	Town, Slata
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0	22. NAME AND ADD	PRESS OF FACILITY	1		
	· Wallace	S. Bra	Ss, DI	Pugk To		50 York leral Home		
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	a. CANCE	the death. Do not ach line.	antar the mode of	dying, auch aa	cardiac or reapira	tory arrest,	Approximata interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	b	CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	cOUE TO (OR AS A	CONSEQUENCE OF):					
	PART ii. Other eignificant condition	e contributing to deeth b	ut not resulting in ti	ne underlying caus	e given in Part	I. 24a. WAS AN AL PERFORMI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL						1 YES 2) NO	OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			F DEATH (Check on	ly one)		
14SI	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outp	ntient 3 DOA 4	HER: Nursing Home 5				
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME OF INJURY	M 1 YES	28d.	DESCRIBE HOW INJ	URY OCCURED	
TED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, atc. (Spec	Al home, farm, street ify)	t, lactory, office	261.	LOCATION (Street and City or Town, State)	l Number or Rura	Il Route Number,
COMPLETED		CIAN: To the best of my knowl R: On the basis of axamination						e(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIEF	Celeyas	dio	29c. L	ICENSE NUMBER		Ped. DATE SIGNE	
	30. NAME AND ADDRESS OF PERSON WH		TH (ITEM 27) (Type, Prin		Rd. 213	204		
	31. DATE FILED (Month, Day, Year) 0.	82. REGISTRATE SIGN	TURE					



	1 - FOR STATE REGISTRAR	STATE OF MA		TMENT OF H		MENTAL HYGIENE REG. NO.	93	11880	
	1. DECEDENT'S NAME (First, Middle, Last) Nakhuda,	uby R	UBY NAKHU) A		2. DATE OF DEATH DAY	YEAR P 3	3. TIME OF DEATH 230 PM	
	4. SOCIAL SECURITY NUMBER 220 - 80- 8632	5. SEX 6.	AGE (in yrs. lest birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/27/14	Country	PLACE (State or Foreign 600N, BUMM	
TOR	90. FACILITY NAME (If not institution, give single of the MARIS		E		OWSON		9c. COUNTY OF DE	ATH	
DIRECTOR	10e. STATE 10b. COUNTY	Balto	10c, CIT	Y, TOWN OR LOCAT	MOZON			10d. INSIDE CITY LIMITS? 1 VES 2 X NO	
FUNERAL	300 South WI	nd Rd.		100	21204	1	10g. CITIZEN OF W		
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I	YES 2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes or , Puerto Rican, atc.)	Black,	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) HIGH SCWOOL		(Give kind of s	USUAL OCCUPATION Work done during more retired.)	st of working	16b. KIND OF BUSIN	ESS/INDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) M. M. MANEC.	KJEE			18. MOTHER'S NAM	NE (First, Middle, Malden Sur	mame)		
D D	Eddie Nakhuda, M.	D.	300	Southwin	d Road	Towson, M		21204	
	20a. METNOD OF DISPOSITION 1 Burlel 2 Formation 3 Remot 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Cometery, crematory or o	ther place) ervice C		28/93 Tow	rion - City or Tow rson Man		
	· Michael	Buck		Ruck T	owson Fur	neral Home,)50 York Rd.	
	23. PART I. Enter the diseases, of conshock, or heart felium. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR	TERIOSCIE	rotic 1			Dry arrest,	Approximats Intervel Between Onset and Death	
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	CHF DUE TO (OR AS A CONSEQUENCE OF): HYPERT ENSIM						
SERTIF	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	o anthi	niTIS				
PHYSICIAN: MEDICAL	PART II. Other aignificent conditions	contributing to dea	eth but not resulting i	n the underlying	cause given in P	Part I. 24a. WAS AN AU PERFORME 1 YES 2 0	MO	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN		HOSPITAL:	VOutpatient 3 DOA	QTHER:	ACE OF DEATH (Chec				
ву РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26a, DATE OF INJ (Month, Day, Y	URY 26b. TIM	E OF 28c, INJ URY WO		26d. DESCRIBE NOW INJU	JRY OCCURED		
	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, ferm, a (Specify)	freet, factory, office		261. LOCATION (Street and City or Town, State)	Number or Rural Ro	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI DESCRIPTION OF COMPANY OF COMPANY OF COMPANY OF CERTIFYING PHYSICI DESCRIPTION OF CERTIFICATION OF CERTIFYING PHYSICI DESCRIPTION OF CERTIFICATION OF CERTIFI							end manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	LUFA COMPLETED CAUSE (rdell.	O Print)	D27	087 ²	9d. DATE SIGNEO	Month, Dey, Year)	
	31. DATE FILEO (Month, Day, Year) APR 27 1993	1032 REGISTRAR'S	SIGNATURE PANDED						



BALTIMORE, MARYLAND 21215

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

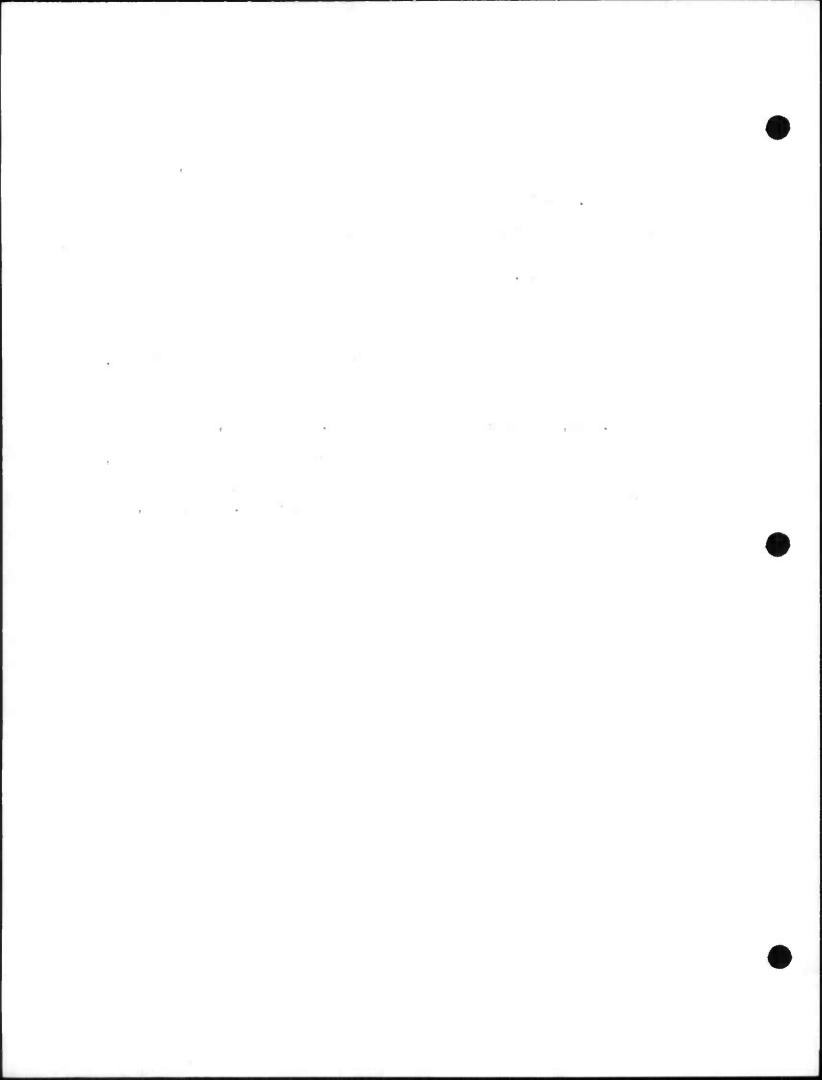
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	REGISTRAR			HILL	CALE	UF	DEA	I FI	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Mary M N	ACCORMI	CK					2. DATE OF DEATH DATE ADMITS 23		YEAR	3. TIME OF DEATH 2:35PM M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last		IF UNDER 1		IF UNDER		7 DATE OF BIRTH		A BIRTI	HPI ACE (State or Foreign
	212 03 6662	1 M 2 J F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	March 31	, 19	4 Coun	Maryland
_	90. FACILITY NAME (If not institution, give st	reet and number)						ON OF DEA	тн	9c. COU	NTY OF E	EATH
DIRECTOR	Franklin Sq. Hos	pital			F	loss	svill	Le		Ral	timo	re County
E C	RESIDENCE OF DECEDENT 10a. BTATE 10b. COUNTY			10c. CITY	, TOWN OR	LOCAT	ION				1.11111	
E I	Maryland E	Baltimore			Esse		1011					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
	10e. STREET AND NUMBER	10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	1104 Oak					2]	1221		USA			
5	11. MARITAL STATUS 1 Never Married 2 Merried	MED	13. WA	S DECI	ENDENT O	F HISPANIC	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACI	E Americen Indian, k, White, etc.		
B	3 Midowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR						Specify	Poerto Rican, etc.)		Spec	Y 79 A 1
	15. DECEDENT'S EDUC	ATION	18e, DEC	EDENT'S	USUAL OCC	UPATIO	ON .	_	16b. KIND OF BUS	INESS/INI	DUSTRY	
	(Specify only highest grade (Elementary/Secondary (0-12)	Cottlege (1-4 or 5+)	(Gh	ne kind of w Do NOT use	ork done dur retired.)	ing mos	st of working	g				
릴	9			Oper	ator				Tele	epho	ne C	O.
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)]					18. MOTH	ER'S NAMI	E (First, Middle, Maiden Li	Sumeme)		
BE	Harry Maca	lutey								1111		
2	190. INFORMANT'S NAME (Type/Print) Claudia W. Cox, I	aughter	196	MAILING LI 04	Oak A	Ve	o Number	or Rural Ro Balti	more, MD	2122	Code)	
	20s. METHOD OF DISPOSITION A Burlat 2 Cremation 3 Remo	med from State	20b. PLACEA	NDDATEO	FDISPOSITI	ON (Nar	me of	<u>.</u>	4/26/93	ATION -	City or To	wn, State
- 1	4 Donettion By Other (Specify)		ceme@pden	* IWED	ler we me	tei	ry		4/20/93	Balt:	lmore	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	gare de	1					S OF FACIL	um neral Home	DA.		
1	(floorer)	engefe	usec		140	7 F	Easte	ern A	ve. Balt	imore	e M	0 21221
	23. PART I. Enter the diseases, or conshock, or heart fellure. L' IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsis	on aach lina.	ith. Do n	ot antar th	a mod	de of dyl	ng, auch	aa cardiac or reapii	atory an	rest,	Approximata interval Between Onset and Daath
			AS A CONSEO									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	Urinar DUE TO (OR	Y Trac	E In	fecti	on_						
S	cause. Entar UNDERLYING CAUSE (Disease or injury											
E	that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQ	UENCE OF):							
E	d d											
١٢	PART ii. Other significent conditions										24b	. WERE AUTOPSY FINDINGS
EDICAL	<u>Bilateral Pleura</u>	al Effusio	n,Conq	estiv	re He	art	Fai	lure	PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	Alzheimers				11					X		OF DEATH?
	Cardiovascular /	Accidentwi	th ria	ht ha	minl	ari	2					
등	EXAMINER?	HOSPITAL:	- 19		OTHER:	26. PL/	ACE OF O	EATH (Check	k only one)			
YSI	1 YES 2 A NO	1 Inpatient 2 ER				Home	5 🗆 Res	sidence 8	Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJU	JRY bar)	28b. TIME INJU	IRY	WOF			REG. DESCRIBE HOW IN	JURY OC	CURED	
ED B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN. building, atc.	JURY — At horr	ie, farm, at					28t. LOCATION (Street el City or Town, State)	nd Number	or Rumi F	loute Number,
	4 Homicide determined								Only or lown, state)			
COMPLET		IAN: To the best of my i										
Į į	2 MEDICAL EXAMINER	On the basis of examination	nation end/or in	vestigation	, In my opin	lon, de	eth occur	ed at the tin	me, date end place, end	due to th	e ceuse(e) end manner ee stated.
H	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUMBI	ER			(Month, Day, Yeer)
2	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUSE OF	F OEATH (ITEM	27) (Time !	Print)				10	4	-23-	7 3
	`		- SENIA (IIEM	~ 1 (lypu, l								
	31. DATE FILED (Month, Day, Year)	32_REGISTRAR'S	SIGNATURE			1000	1 Fr	ankli	n Square	Driv	2 =	21237.
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	1 - STATE REGISTRAR	STATE OF	MARYLAND / Ce				DEAT		MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Mary Vir						brer.		2. DATE O		y	TEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	ginia 5. SEX	Michael						Apri		1993		м
	215 03 3924	5. SEX	8. AGE (In yrs. lest	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		Dey, Year)		BIRTH Countr	PLACE (State or Foreign y)
	9a. FACILITY NAME (If not institution,	2.	73	THS.	01. 0177			1111		22/19			ltimore. Md
Œ	1408 Waterford	,			96. CITY		OR LOCATIO	ON OF DE	ATH		9c. COUNTY	7	
DIRECTOR	RESIDENCE OF DECEDEN			-		LS	sex				Be	lt	imore Co.
RE(10s. STATE 10b. Co			10c, CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
		ltimore				Es	sex						1 YES 2 NO
RAI	100. STREET AND NUMBER 1408 Waterfor	3 D. 3				101	. ZIP CODE	E			10g. CITIZE	N OF W	HAT COUNTRY?
FUNERAL	1408 Waterfor								21221				JSA
	1 Never Married 2 Married	FORCES?	T EVER IN U.S. ARI			If yes, spi	ecify Cuba	F HISPANI n, Mexican	IC ORIGIN? 1, Puerto Ric	(Specify Yes can, etc.)	or No- 14	. RACE Black	— American Indian, , White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TES	2 NO	Specify:				Specif	White
COMPLETED	15. DECEDENT'S (Specify only highest		16a. DEC	CEDENT'S	USUAL O	CCUPATIO	ON		16b. F	(IND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT u	se retired.)	auring mo:	st of workin	g	н	ome			
MP	9		Hous	sewi	îa_				1.3	OIIIS			
8	17. FATHER'S NA. 1 (First, Middle, Las George	H. Thomas					18. MOTH	IER'S NAM		ddle, Meiden S	,		
ᆱ	19a, INFORMANT'S NAME (Type/Print)				_				Ida		rvey		
임	Edwin J. Michael	el	19b							r, City or Town			
			20b. PLACEA					wad	DALT		ATION - CIN		21221
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	°Oak or	natory or o	the place	tem	ne or	4/2	1 4				aryland
	21. SIGNATURE OF FUNERAL BERVIO	CE LICENSEE	7				D ADDRES		41-10	Dal	TOILL	e r	aryland
	13		~		E	ruzo	lzins	ki F	unera	al Hom	e PA		
	23. PAHT Linter the diseases	, or complications the	caused the dea	ith. Dn i	114	107 J	aste	Trn A	THE BE	1+ima	wa Ma	wy]	and 21221
	snock, or heart tell	ure. List only one car	use Dn aach lina.								atory arres	L,	Approximata interval Between
	IMMEDIATE CAUSE (Final disease or condition	Pa.	1211	DI	2.1			/	en	4			Onset and Death
Ì	resulting in death)	DUE TO	(OR AS A CONSEO	UENCE O	F):		70	cion	w				<u> </u>
z	Sequentially list conditions,	r. 5	2										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSED	UENCE O	F):								
윤	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSEQ	UENCE O	n.						_		-
E	resulting in death) LAST		(an ite it contains	JE.110E 0	<i>y</i> .								
	DART II OH												+
ZA CA	PART il. Other aignificant cond	litions contributing to	death but not re	suiting	in the un	derlying	cause g	iven in P	Part I. 2	4a. WAS AN A PERFORM		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									_ [1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Σ		<u>.</u>							_				1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDIC												
[[EXAMINER?	HOSPITAL:			OTHER	1 :			ck only one)				
ξ∥	27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3	28b. TIM		alng Home			Other (Specify) RIBE HOW IN.	IIIIW OCCUP	- FD	
	1 Netural 5 Pending	(Month, E	Pay, Year)		URY	WOI		- 1	200. DEGCI	MIDE NOW IN	JUNY OCCUR	IEU	
BY	2 Accident Investigat 3 Suicide 6 Could no	28s. PLACE C	F INJURY — At hor	ne, farm,	street, fact				28f. LOCAT	ION (Street an	d Number or	Aurel R	oute Number,
	4 Homicide determine		atc. (Specify)						City or	Town, State)			
٦ ا	29e. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of	my knowledge, dea	th occurr	ed et the ti	me, deta	end place,	and due to	o the cause	e(a) and mann	or as stated.	-	
COMPLET	one) 2 MEDICAL EXA	MINER: On the beals of a	xemination and/or in	vestigatio	n, in my o	pinion, de	eth occur	ed at the ti	ime, date ar	nd place, and	dua to the c	suse(a)	and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERT		1.					NSE NUMB					(Month, Pay, Year)
0	Stock	1 / regel	uli				02	11	68	0	D 4/	12	6/93
-	30. NAME AND ADDRESS OF PERSON	1	SE OF DEATH (ITEM					-			11		1.7
	404 EAST		BLUD.		BAG	10	. 4	Δ.	218	721			
	31. DATE FILED (Month; Day, Year)	22. ABOUSTR	ANY ANDLE	2									

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IYSICIAN: THE LAW REQUIRES THAT THE DESIDENCIES DE EXECUTED WITHIN 24 HOURS ARE DEATH, PAGE 6 MAY DE RETAINED BY THE HOSPITAL OF ALTENDING PHYSICIAN	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-			l
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Jeath.	funer		ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	١
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	plete	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent,	l
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BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760,

DIVISION OF VITAL

HOSPITAL OR ATTENDING PHYSICIAN:

Piges 1, 2, 3 should

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1993 YEAR DAY Ruby Alice MITCHELL April 25, 5:25 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 TYF 214 40 2023 08/04/1914 <u>Tenneessee</u> Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Franklin Square Hospital Center Baltimore County Rossville Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Middle River 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE log. CITIZEN OF WHAT COUNTRY? 5 Whitethorn Way 21220 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 — YES 22 NQ Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) Allen BE Shanks Laura 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zio Code) 2 Shirley E. Worcester Whitethorn Way Middle River Maryland 21220 20a METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Rem 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Gardens of Faith Cem. 4 Donation 8 Other (Specify) 4/28/93 Baltimore County MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA 1407 Eastern Ave Baltimore Maryland 23. PAGE 1. Entar the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line. Approximsta intarvai Between **IMMEDIATE CAUSE (Final Onset and Death** disease or condition resulting in death) Ventricular Fibrillation OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediata cause. Entar UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO Chronic Obstructive Pulmonary Disease COMPLETION OF CAUSE 1 YES 2 X NO OF DEATHS Chronic Urinary Rract Infection; Dementia 1 | YES 2 | NO Degenerative Joint Dusease 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 [Xinpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 | YES 2 | 10 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT 28d, DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data end place, end due to the cause(s) end menner ae stated. 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, dasth occurred at the time, date and piece, end due to the ceuse(e) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ~ ~ 1~ April 25, 1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Felicitas Buena, M.D. 9000 Franklin Square Drive Baltimore MD 21237 9 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 27 1003

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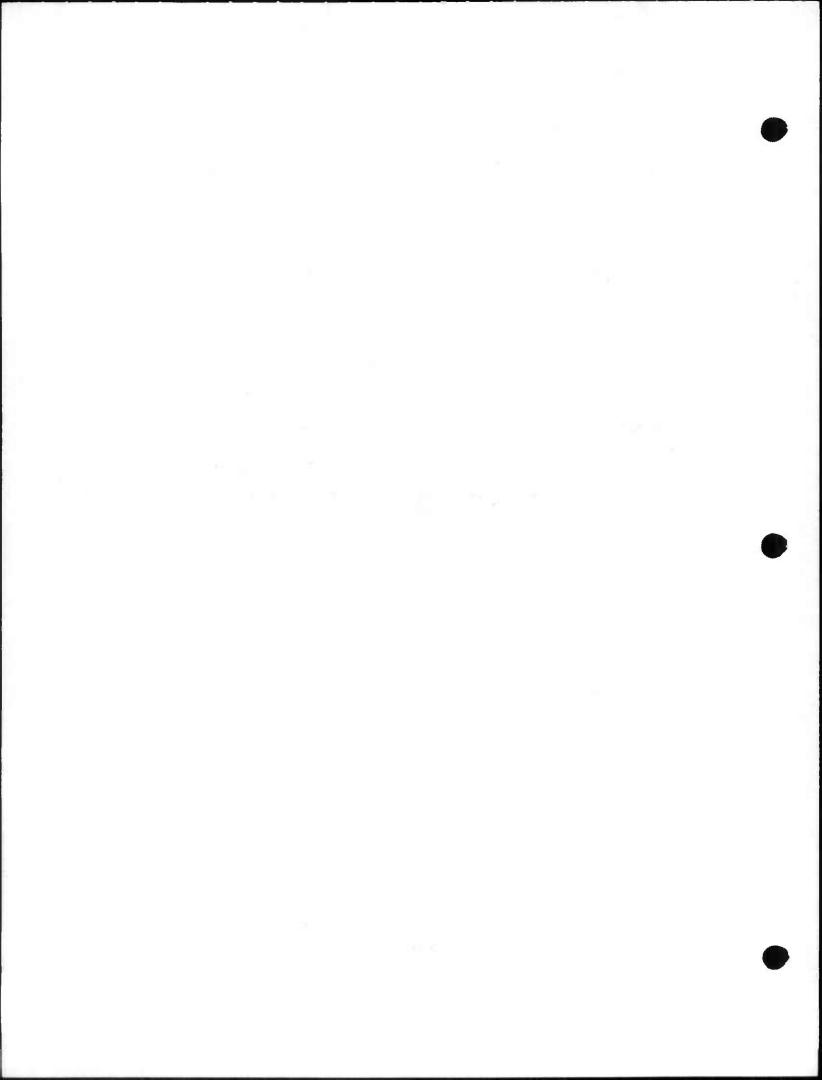
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		1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIEN REG. NO.	E	
		1. OECEDENT'S NAME (First, Middle, Last) BETTE	MADI	SON		2. DATE OF DEATH	2 9	3. TIME OF OEATH 425A
2		4. SOCIAL SECURITY NUMBER 215-52-1831	5. SEX 6. AGE (In yrs. 1 M 2 D 5 5		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		CARD GN A
, c, s should	TOR	98. FACILITY NAME (If not Institution, give str RESIDENCE OF DECEDENT	DICAL CE	UTA BA	STIMOR	ECITY	9c. COUNTY	OF DEATH
perimin. Fages 1,	DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR	LOCATION	E		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	1620 GWYNS	FAILS P	KU.	101. ZIP CODE 2/3/	7	10g. CITIZEN	OF WHAT COUNTRY?
ure borrantiarism	BY FUN	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES	NO If	IS OECENDENT OF HISPAN yea, specify Cuben, Mexica YES 2 NO Specify	n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify:
or use as	COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	DECEOENT'S USUAL OCC (Give kind of work done during the Do NOT use retired.)		16b. KIND OF BUS	SINESS/INDUST	RY
at once.		17. FATHER'S NAME (First, Middle, Lest)	LEY	Trice D	16. MOTHER'S NA	ME (First, Middle, Malden) LES		FA
notified	TO BE	190. INFORMANT'S NAME (Typo/Print) ANN, E JAC	KSON	19b. MAILING ADORESS (Street and Number or Rural I		n, State, Zip Cod	2/2/7
must be		20a. METHOD OF DISPOSITION 1- Burlel 2 Cremation 3 Remo 4 Donation 8 Other (Specify)		EAND DATE OF DISPOSITE Cremetory or other place)	11111	DATE 20c. LO	CATION — CHY	or Town, State WNEIAC
oval.		21. SIGNATURE OF FUNERAL SERVICE LICE			AME AND ADDRESS OF FA	LEICHTS	K C.	JONES F.H.
to burial, cremation, or removal matic event, the medical		23. PART I. Enter the diseases, or conshock, or heart feliure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused the let only one cause on each lit	death. Do not enter the ne. MONIA BEQUENCE OF):	ne mode of dying, suc	h as cardlec or reepi	ratory errest,	Approximata Interval Between Onset and Death
ental Hygiene prior to bunal, iry, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DOE TO (OR AS A COMS	PRATIO REA COUNCE OF):	W Tive			
₩ =	MEDICAL (PART II. Other significant conditions	contributing to death but no	t resulting in the unde	erlying cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State Dept Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	3 DOA 4 Nursin	26. PLACE OF DEATH (Ch			
A with the	ву Рну	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1NJURY	6c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW II	UURY OCCURE	ED
		3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, term, street, factory	y, office	28f. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
within 72 look	COMPLETED		IAN: To the best of my knowledge, : On the besis of exemination end/o					use(s) end manner as stated.
be filed within IMPORTANT:	TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER A	ashmi	MD	D246	6 48	29d. DATE SIG	SNED (Month, Day, Year) 22–93
	-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH NO BULL 2600	BERTY	HEIBHT	T AO B	ACTI	10RE 21215
/		** APR 21 1993 9	CALCAS SOURCE CONTRACTORS					

FOR

BALTIMORE, MARYLAND 21215-0

DIVISION ON VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	ICATE OF	DEATH:	REG. NO	SI		
	1. DECEDENT'S NAME (First, Middle, Last) LOUISE	MCPHER		G S	23 18	MONTU 4 22	PAY 1993	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214 20 0423	1 □ M 2 🔀 F	(In yrs. lest-birthday) 32 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	0	BIRTHPLACE (State or Fore County) A	
TOR	94. FACILITY NAME (II not institution, give st THE JOHNS HOPK RESIDENCE OF DECEDENT		-		I MORE	EATH	BALT	OF DEATH IMORE CITY	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	y, TOWN OR LOCAL		10d. INSIDE CITY LIMITS? 1 YES 2 N			
FUNERAL	100. STREET AND NUMBER 2625 ROBB S	ta		10	21218			S.A.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 300	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxics 2 NO Specif	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: Blk.	
PLETED	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5 +)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working lie. Do NOT use retired.) Laundress Lord Balto, Lau					
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Edward Lewis				16. MOTHER'S NA	ME (First, Middle, Maide)	rton		
5	19a. INFORMANT'S NAME (Type/Print) Geraldine Wil	.son	19b. MAILING 262	ADDRESS (Street & Robb	ST. Ba	Route Number, City or Too Lto.	vn, State, Zip Co	^{do)} 21218	
	204-METHOD OF DISPOSITION 1 Aburial 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	rval from State 20th	netery, cremetory or o	of Disposition (Na ther place) King Pa	ume of	14/27 20c. LO		or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	ensee a.mo	rton	James	A A A A A A A A A A A A A A A A A A A	dun Sons	1701 Ba	Laurens &	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	Yelogen consequence of a consequence of a consequence of	ous le	u Kem apy	ia		8 day 2 yr. 4yrs	
: MEDICAL	PART II. Other significant conditions Pancy	e contributing to deeth b	out not resulting i	n tha underlying	g cause given in	Part i. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FING AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Patient 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)		-	
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJ URY WO		28d. DESCRIBE HOW	NJURY OCCUR	ED	
8	3 Suicide 8 Could not be determined	/ — At home, farm, s	treet, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET		HAN: To the best of my know						luse(s) and manner as stat	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	himmen			29c. LICENSE NUN	IBER		GNEO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO MOUNTAL	. 6 1/15 by		Print) L!N //C	JH.	4			
	31. DATE FILEO (Morith, Day, Year) APR 2 7 1993	12. REGISTRAN'S SIGN	ATURE						



FOR STATE REGISTRAR LOUISE M. McCOURT CERTIFICATE OF DEATH REG NO 19983. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle LOUISE M. McCOURT 2. DATE OF DEATH 04/24/ 3:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1070871913 1 M 2 XXF WASHINGTON D.C. 212-07-8429 79 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9h. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE BALTIMORE COUNTY GENERAL HOSPITAL RANDALI.STOWN RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY WOODLAWN MARYLAND BALTIMORE 1 YES 2XXNO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21244 U.S.A. 2023 DERRICKSON ROAD 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes. specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XXO 11 MADITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexican, Pu 1 YES 2 XIXO Specify: IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced WHITE 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th SUPERVISOR LOAN DEPT. SIGNET BANK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme) 픁 ROSA ARTHUR ZANNELLI BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 LOUANN COLLINS (DAUGHTER) 2023 DERRICKSON ROAD WOODLAWN, MD Pe 20e. METHOD OF DISPOSITION
1X Burlel 2 Crematton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 1 Buriel 2 Cremation 4 Donation 5 Other (Specify) NEW CATHEDRAL CEMETERY 4/27/93 BALTIMORE, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME Resources 1630 EDMONDSON AVE CATONSVILLE, MD 21228 attending physician and completely filled in by the matel Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications what caused the desth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate OR ATTENDING PHYSICIAN: The law requires that the death certificate be e DIRECTOR: After this certificate has been signed by the attending physician hours after death with the State Dept. of Health and Memal Hygiene prior it Item 28 is marked, or Item 23 shows any Injury, or other traun cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorithms conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24h WERF AUTOPSY EINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 - ER/Outpatient 3 - DOA me 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY - At home, ferm, atreat, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL I HOSPITAL Ξ 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUN 29d. DATE SIGNED (Month, Day, 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typh Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE **APR 27** 1993 which Devidoon-Randall

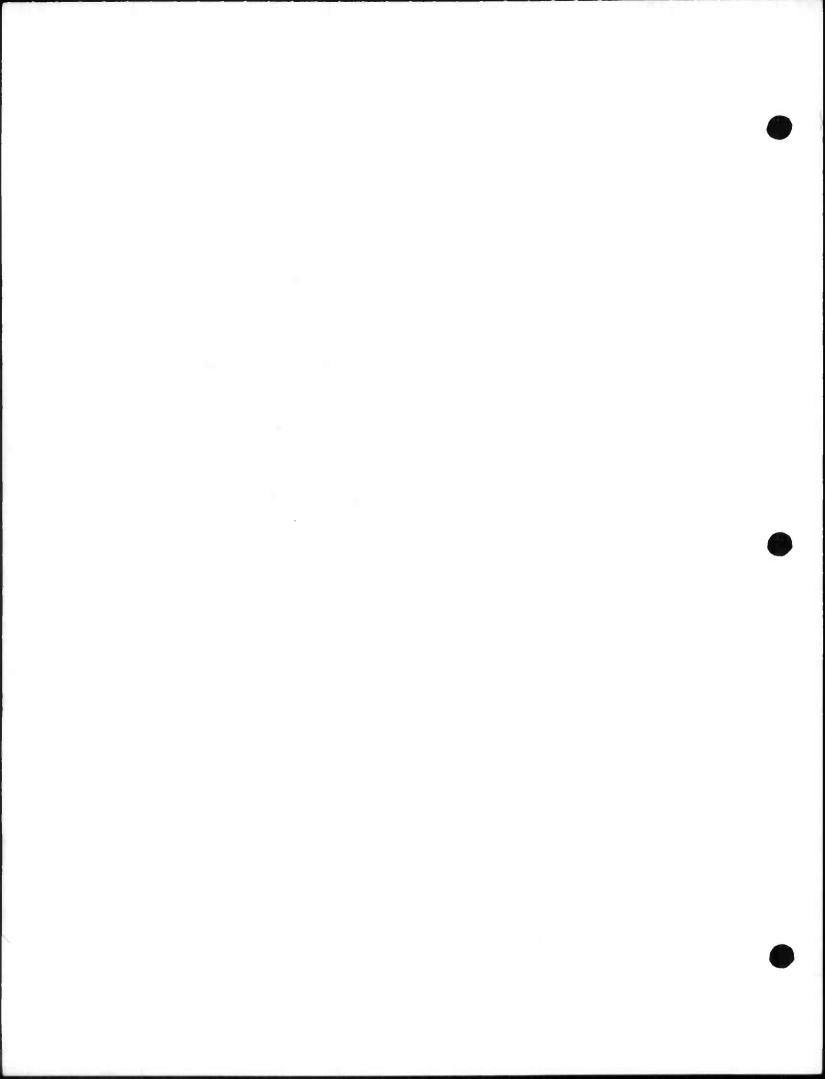
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/	-	med ben	1	/	
STATES OF THE CONDS, F.O. BOX 88780, BALLIMORE, MARTLAND 21213-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

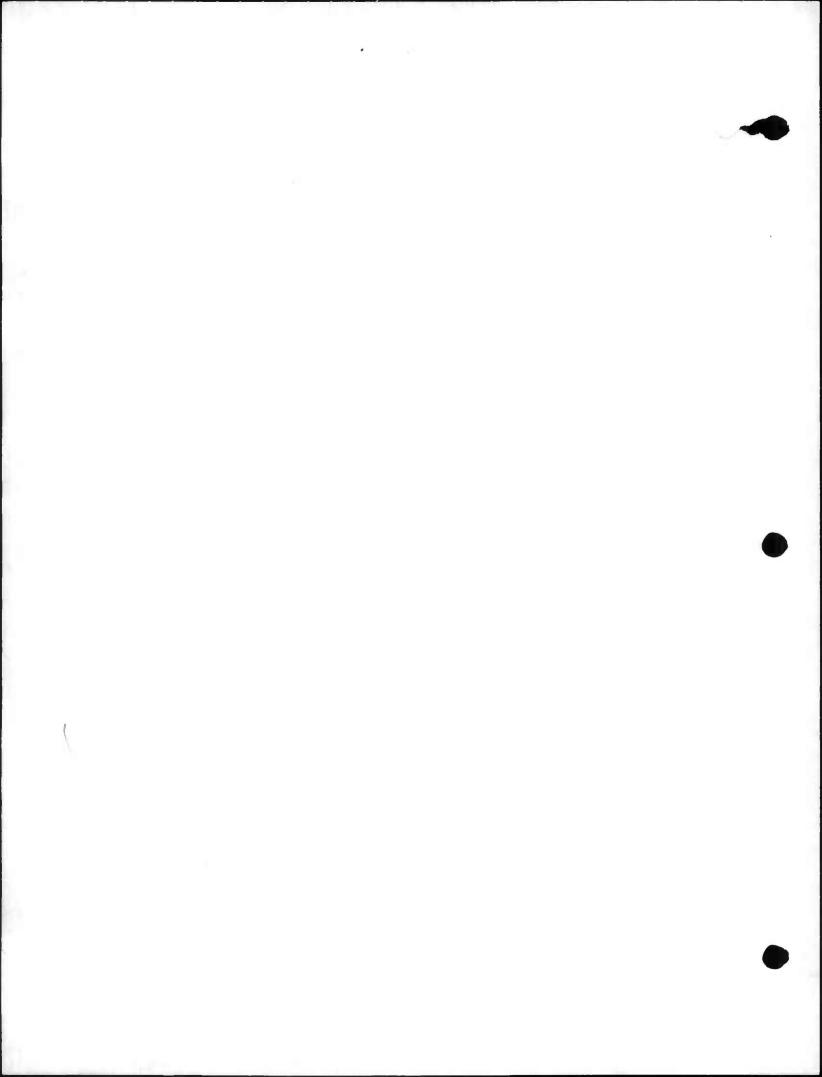
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2.29—3.7 DO22 \$1.00 \$2.00	Darrell	D.		Moody						
229-37-5022 15/19 23 798, SOUTH MAN OF REMINDED, PER MEDIAN OF THE MEDIAN OF			6. AGE (In yrs. last birthday		IF UNDER 24 HRS.	7. DATE	OF BIRTH			
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Maryland Prince George Mitchellville 100.78 Yes 2 100 100.78 Y				ITY, TOWN OR LOC	ATION					104 INCIDE CITY
10. NAME AND ADDRESS (Sheet and Runder or Interface) (S. A. A. COMESCUENCE OF) 15. MAN DECERNING WAR FORTH SHOULD SHEET AND SECOND AND ADDRESS (Sheet and Runder or Runti Ready) Was or No. 1. C. F. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	Maryland Pri	nco Goon								LIMITS?
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## Sales Representative Office Supplies 17. FATHER'S NAME (First, Motion, Least) ## Worther's NAME (First, Motion, Least) ## Worther's NAME (First, Motion, Mackins Curramen) ## Elizabeth Alston ## Is worther name (First, Motion, Mackins Curramen) ## Is worther name (First, Motion, First,			16a. DECEDENT	S USUAL OCCUPATION OF WORK done during it	TION nost of working	16b				
The Name of Proc. Modes Last) Name of Proc. Modes Last Name of Proc. Modes Last Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Proc. Modes Name of Name of Proc. Modes Name of	Elementary/Secondary (0-12)					- 1				
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196. NUTCHMANT'S NAME (TyperPrist) Millard Moody Sr. 190. MALLING ADDRESS (Stone and Number or faruit Roots Number City or Town, Stells, 2p Code) 1322 Sunnybrook Terrace, Chesapeake, Virginia 233. 199. METHOD OF DISPOSITION 1320 Sunnybrook Terrace, Chesapeake, Virginia 233. 233 DATE 20-LOCATION — City or Town, Stells 230 PART II. Commission 3 □ Removed from State 240 Densetion 5 □ The Removed from State 250 PARCE AND DATE OF OR SPORT MEMORY Number of Town State 271 SIGNATURE OF FINENAL SERVICE LICENSEE 272 NAME AND ADDRESS OF FRIGHTY CORPREW Funeral Home, Inc. 273 PART II. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cerdlec or respiratory arrest, interest Between Conditions, and the state of the season of conditions and					18. MOTHER'S NA	ME (First, I	Middle, Maiden S	Surneme)		
198. MALEN ADDRESS (Stores or Number or Part Flores Number City or Dam. State 2 Code) 1322 Sunnybrook Terrace, Chesapeake, Virginia 233. 239. METHOD OF DISPOSITION 10 Memory 10	Millard Moody	Sr.			Elizab	eth	Alsto	n		
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28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\times\) respectively 1 Inpatient 2 En/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 \(\times\) Other (Specify) at scene 27. MANNER OF DEATH 1 Inpatient 2 Sep. Divided to the cause (specify) at scene 28. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 En/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 \(\times\) Other (Specify) at scene 28. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 Netural 5 Pending trivestigation trivestigation trivestigation 3 Suicide 6 Could not be determined 28. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 YES 2 NO NOT CYCLE OPERATOR 1 YES 2 NO NOT CYCLE OPERATOR 28c. INJURY AT WORK? 1 YES 2 NO NOT CYCLE OPERATOR 28c. INJURY AT WORK? 1 YES 2 NO NOT CYCLE OPERATOR 28c. INJURY AT WORK? 1 YES 2 NO NOT CYCLE OPERATOR NOT CYCLE O	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
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3 Suicide 4 Homicide 5 Could not be determined City or Town, Stete) On Street On Stree		h 4 0 4				JOM	TECAC	Te (per	ator
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29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the tima, date end place, end due to the cause(s) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0 . C . M . E 29d. DATE SIGNED (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 2120	4 Homicide determined	bullding,	arc. (Specify)			City	or Town, State)			
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 2120		11/1/	A					29d. DATE	E SIGNED (Month, Day, Year)
111 Penn Street, Baltimore, Maryland 2120			uci m		O.C.M.	E		04	05	1993
31. DATE FILED (Month, Day, Year) 32. DEDISTRAR'S SANATURE			111 P		reet, Ba	alti	more.	Mai	ryla	nd 2120
APR & (1991)	APR 2 1993	1. Dayas	AR'S SANATURE							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-true filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

_	REGISTRAR			EHIL	CALE	· Ur	DEA	I IT		REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Las Nicholas	OSEPH	MAS	SSONI					2. DATE	il 23	19	95 ^R 3	1:25 a
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. Is	est birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	OF BIRTH		6. BIRTHPL	ACE (State or Foreign
	218-10-5064	1 📉 M 2 🗌 F	83	YRS.	S. MONTHS DAYS HOURS MIN. 1 (MOTELY DAY)					+/1909		TITA]	Lĭ
	88. FACILITY NAME (If not institution, give FRANKLIN SQUARE				96. CITY, ROSS		R LOCATI	ON OF DE	ATH	The second of the second			
2	RESIDENCE OF DECEDENT	HODITIME			KODL	7 4 1 1	1111				Balt	imors	3
DIRECTOR	MD BALT	10c. CITY, TOWN OR LOCATION CARNEY						100	DI. INSIDE CITY LIMITS? Y YES 2 NO				
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODI			10g. CITIZEN OF WHAT COUNTRY? U.S.A					
	9210 AVONDALE	12. WAS DECEDENT E			-	\perp	212					S.A	
à	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	RMED NO	1	f yes, sp	ENDENT Cooling Cube 2 1 NO	n, Mexica	n, Puerto A	? (Specify Yes ican, etc.)	or No—	Black, V	- American Indian, White, etc. WHITE		
	15. DECEDENT'S Et (Specify only highest gra	DUCATION (de completed)	16a. D	ECEDENT'S	USUAL OC	CUPATH	ON at an artifa		16b.	KIND OF BUS	INESS/INDU	JSTRY	
COMPLETED	Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 5+)	HI HI	TY OF	e retired.)			v	C	TY GO	VERNM	IENT	
	17. FATHER'S NAME (First, Middle, Last) ORAZIO MASSONI								ME (First, M	MANO	Surname)		
IO BE	194. INFORMANT'S NAME (Type/Print) ADELE HECKLER							er, City or Fowi					
	204 METHOD OF DISPOSITION 1 A Burtal 2 Cremation 3 Re	amount from State		EANDDATE	OF OISPOS	TION (No	me of		DATE	20c. LO	CATION — C	aty or Town	, State
	4 Donation 5 Other (Specify)		HOLY	"REDE							BALTI		
	· martin	22. NAME AND ADDRESS OF FACILITY DIPPEL FUNE 7110 BELAIR ROAD BALTIMORE M					RE MI	2120					
	23. PART I. Enter the diseases, o shock, or heart failure	complications that on. List only one cause	aused the d	leath. Do n	ot enter	the mo	de of dy	ing, suct	h as card	ac or respi	ratory arre	eat,	Approximate Interval Between
1	IMMEDIATE CAUSE (Final disease or condition												Onset and Death
	resulting in death)		C Thro										
٤	Sequentially list conditions,	ь											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (D	R AS A CONSE	OUENCE OF):									
	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSE	EQUENCE OF	ን:			_					
	DART II. Only a standilland and dist												
EDICAL	PART II. Other algnificant condition			resulting I	n the un	derlyin	cause (given in	Part I.	24a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
	Periperal_vas	scular uise	ase						- 1	1 TYES 2	□ NO	0	OMPLETION OF CAUSE F DEATH?
HYSICIAN: M									-			1	YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Chi	ack only one)			
2	1 YES 2 XHO	1 A inpatient 2 E		3 🗆 DOA	OTHER		e 5 □ Re	sidence	8 🗆 Other	(Specify)			
10 PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. TIM INJ	E OF URY M		URY AT RK? YES 2] ND	28d. DEŞ	CRIBE HOW I	NJURY OCCI	URED	
	3 Suicide 6 Could not b 4 Homicide determined	ome, farm, s	Preet, facto	ory, offic			281. LOCA City o	TION (Street a r Town, State)	nd Number o	or Aural Rou	te Number,		
3 Suicide 6 Could not be determined Duilding, etc. (Specify) 29a, CERTIFIER (Check only orne) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and playone) MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and playone) CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion, death occurred at the time, data and playone) CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion, death occurred at the time, data and playone CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion, death occurred at the time, data and playone CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion, death occurred at the time, data and playone CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion, death occurred at the time, data and playone CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion, death occurred at the time, data and playone CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion CERTIFYING PHYSICIAN: To the bests of examination and/or investigation, in my opinion CERTIFYING PHYSICIAN: To the best of examination and/or investigation CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examination CERTIFYING PHYSICIAN: To the best of examinati													
one) 2 MEDICAL EXAMINER: On the besia of examination and/or investigation, in my opinion, death occured at the fime, data and place, and due to the cause(a) and manner as stated.								nd manner as stated.					
29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Your) 4/26/23								lonth, Day, Year)					
	ur. Bradford	bright M.D	. 9000) Fran	Salare.	Sq	. Dr	. Ba	lto.,	MD. a	21237		
	APDD 20 Try 1 APD 2	SE REGISTRAR	SIGNATURE	,									
	FROD.		TIMEDO	_									



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	1 - FOR STATE REGISTRAR	STATE OF M	IARYLAND	DEPAR	RTMEN	T OF H	IEALTH	AND I	MENTAL HYGIE	NE		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATN			3. TIME OF DEATH
	JABREE	JABREE V. O"NEAL				() 4	0 7	93	5:54 A			
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH	0 /		PLACE (State or Foreign
	212-23-3098	1 X M 2 F	4	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	90	Country)
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH											RYLAND
E E		,	DTCAT.	CENT					AIR	9c. COUNTY OF DEATH		
DIRECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO											100
분	10a. STATE 10b. COUNTY				Y, TOWN							10d. INSIDE CITY LIMITS?
		CESTER		/	BER	RLIN	V					1 X YES 2 NO
AL	10+. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	IZEN OF W	HAT COUNTRY?
빌	P. O. Box 36	24					21	1811			0,5	5, A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S, A	RMEO	13.	WAS DEC	ENDENT (OF NISPAN	IC ORIGIN? (Specify	fea or No-	14. RACE	- American Indian, White, atc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W		110				Specify	n, Puerto Rican, etc.)		Specif	y writte, arc.
											Afric	CAN AMERICA
2	15. DECEDENT'S EDUCA (Specify only highest grade of	anpleted)	(0	ECEDENT'S Give kind of to Do NOT us	work done	CCUPATIO during mo	ON ast of worldi	ng	16b, KIND OF B	USINESS/IN	DUSTRY	
٦	Pro Kingdomonica	College (1-4 or 5 +)) ["						N/	4		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)											
	17. FATHER'S NAME (First, Middle, Last) Bernard Woodward I vance O'Neal											
BE	19a. INFORMANT'S NAME (Type/Print)	<u>Qware</u>								NEC	21_	
2	1996. INFORMANT'S NAME (Type/Print) 1996. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) NATY 2 Ivanne O'Neal Same as above											
	20a, METHOD OF DISPOSITION	WGQ1						9				
	1 Surial 2 Cremetton 3 Removal from State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	DI #2 Roy 020 Jolley Memorial Chape											al Chape
	Talmer (Soller Board Salisbury, M) 2180 1											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest,											
	interval IMMEDIATE CAUSE (Final Onset a											Onset and Deat
- 1	disease or condition resulting in death)	PNEUMOI	VIA BE	ROMPHE	NIRAM:	INE I	NTOXI	CATION	N			
		OUE TO (OR AS A CONSE	QUENCE O	F):							1
Z	Banacadalla lisa assallata . 6.											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	QUENCE O	F):							
5	cause. Entar UNDERLYING CAUSE (Disease or injury											
#	that initiated events	DUE TO (OR AS A CONSE	OUENCE O	F):							
ER	resulting in death) LAST											
_	PART II. Other significant conditions	contributing to	daeth but not	resulting i	in the un	darivino	1 Causa (niven in I	Part I 24a WAR	N ALITOREY	1 245	WERE AUTORAY EMPANOR
8		PNEUMONIA				-cut ty the	, 00000	917011 111 1	PERF	DRMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	ASTHMA								XX YES	2 NO		OF DEATH?
Σ	1 _ YES 2 _ NO											
AN	SICKLE CELL TRAIT 25. WAS CASE REFERRED TO MEDICAL			-		90 5	ACE OF T	EATN 201				
등 당	EXAMINER?	HOSPITAL:	Train .		OTHER	₹:			ck only one)			
HYSICIAN: MEDICA	XX YES 2 □ NO 27. MANNER OF CEATH	1 Inpatient XIX							8 Other (Specify) 28d, DESCRIBE HOW	M. M	diam'r.	
					- 01	IFES	will Al		AUG. MEDUNIBL NOW	DESTRUCTION OF THE PARTY OF THE	a season (C)	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "yours after death, Page 6 may be retained by the intended by the attending physician and completely mixed in by the funeral director, page 5 should be determed to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BY BE COMPLETED

2

*the burial-transit permit. Pages 1, 2, 3 should

Iding physician.

BALTIMORE, MARYLAND 215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

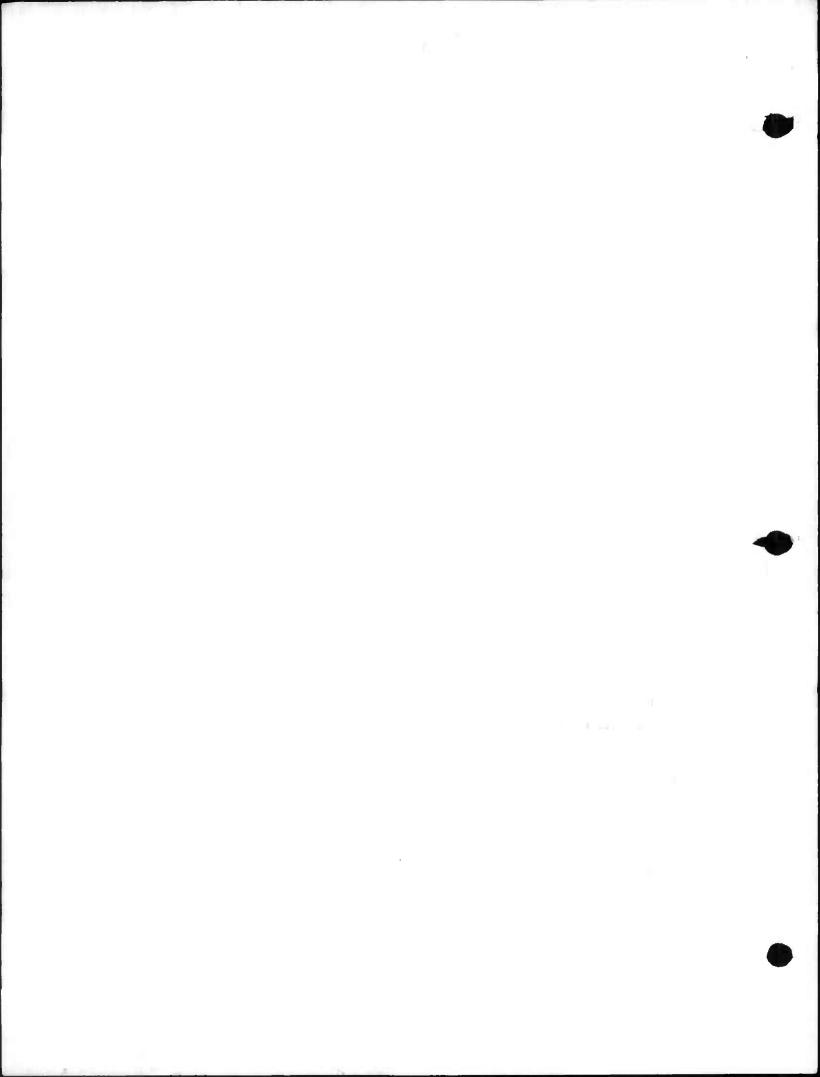
FOUND \$4/07/93 UNKNOWN* 1 YES 2 X X NO 2 XX Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 324 Flower Street P.O. Box 324 Worcester Co. MD. 3 Suicide 4 Nomtcide

ed at the time, data and place, and due to the cause(s) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) O.C.M.E. 04/07/1993

Baltimore,

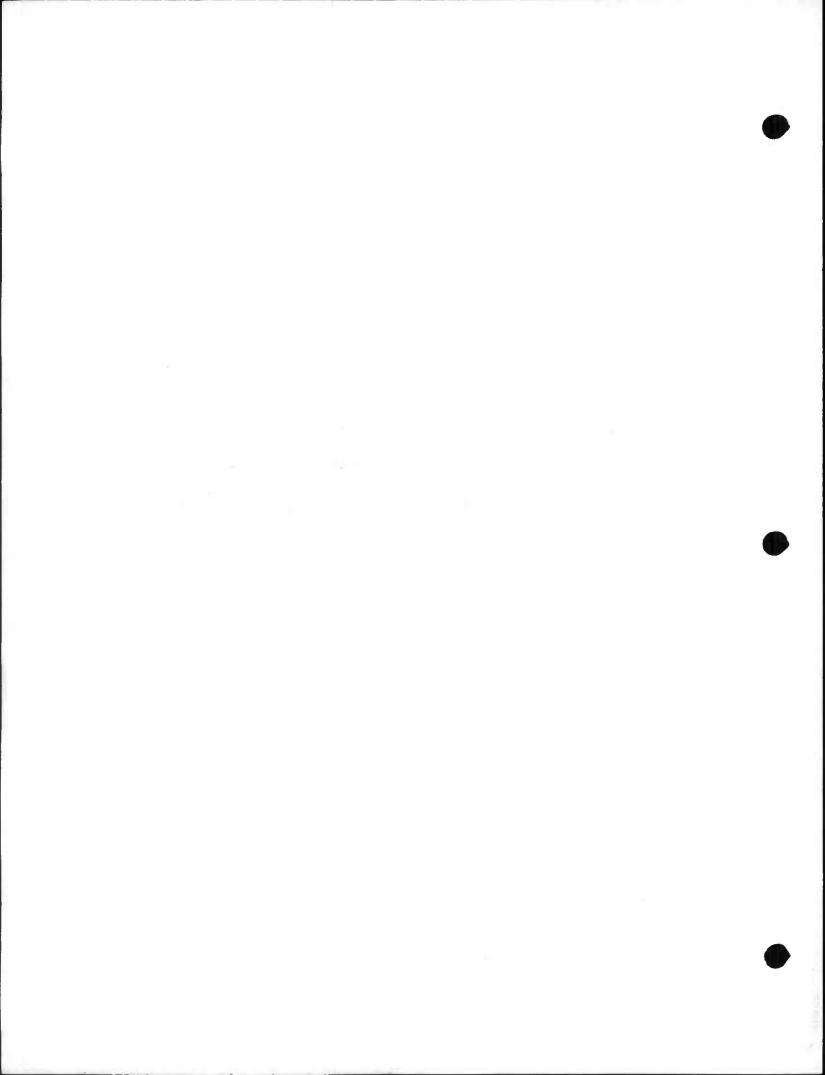
31. DATE FILED (Month, Day, Year) 32. REGISTRAR SIGNATURE



BALTIMORE, MARYLAND 21215-0020	th. Page 6 may be retained by the hospital or attending physician.	Appropriate makes the share the state of the
BAL	er death	sha bear
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0	24 hou	filland
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR After this conference has been enoughly the extendion observing and completely filled in the standard discount and the description of the standard discount and the description of the standard discount and the description of the standard discount and the description of the standard discount and the description of the standard discount and the sta
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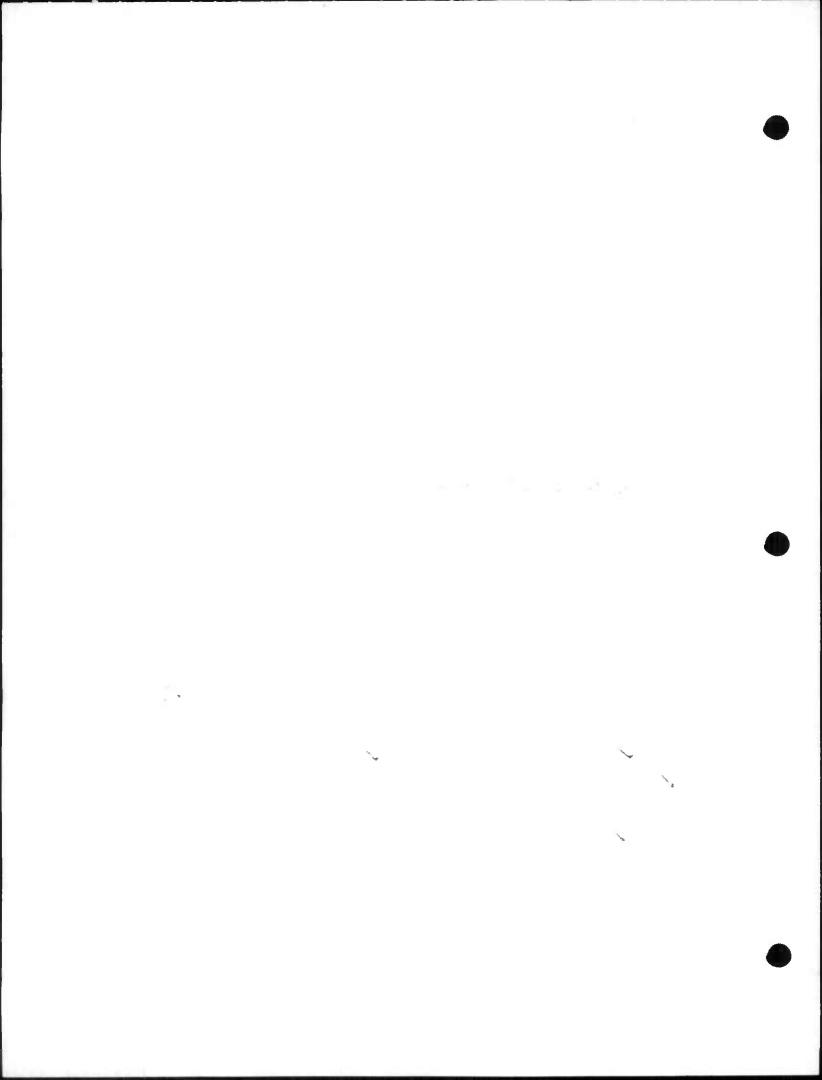
FOR

		1 - STATE REGISTRAR	SIAIE UP MARTL	CERTIF	ICATE OF	DEATH	MENIAL HYGIEI REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)	- 0				2. DATE OF DEATH		3.	TIME OF DEATH
	1 1	Bernadette	E. Pose	4				5 - 93	EAR	1:13 PM
			SEX 8. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLA	CE (State or Foreign
19		215-07-9440 B	□ M 2 🛂 🗲 📑	72 YRS.	MONTHS DAYS	HOURS MIN.	Nov. 10,		Country)	HO. MI)
3 should		Se. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION DE DI		9c. COUNTY	OF DEATH	
-	[[[Union Memoria	21 HOSDIT	tal	Baite	o, mo				
(=)	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN OR LOCA	TION			100	Maint arry
1	띩	mb								I. INSIDE CITY
V		10e. STREET AND NUMBER			altimo	I. ZIP CODE	<u></u>	10a CITIZEN		YES 2 NO
an. ransit p	FUNERAL	819 Montpelie	is Street			21218		109. 0.1122	481	4
ding physician. the burlal-transit	ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 10 NO	If yes, sp	ecify Curen, Maxica 2 ND Specifi	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No — 14.	Black, Wh Specify:	American Indian, hits, etc.
al or attending for use as the	G E	15. DECEDENT'S EDUCATI (Specify only highest grade com-		16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	ISINESS/INDUS		
al or for u	ET		college (1-4 or 5+)	life. Do NOT us						
the hospital detached fo	COMPL	n/a	n/a	Mor	nemak	CER	Own	Home		
the hor detach	8	17. FATHER'S NAME (First, Middle, Last) Phillip Holthaus					ME (First, Middle, Malder			
ed by	BE					Minni				
be retained by ge 5 should be e notified at	10	19a. INFORMANT'S NAME (Type/Print) Ashell C. Posey (F	Iusband)				Route Number, City or Too Baltimore,			
> 2 2	ı	20a. METHOD OF DISPOSITION ∑XBurlel 2 □ Cremation 3 □ Removal	20b.	PLACEANDDATE	OF DISPOSITION (Na	ime of	DATE 20c. L	OCATION — City		State
rector. p		4 Donation 5 Other (Specify)	GI	en Haven	Memoria	ıl Park	4/28 Ba	ltimore	e, Md	. 8
24 hours after death. Page filled in by the funeral direction, or removal.		21. SIGNATURE OF FUNERAL SERVICE LICENS	HEE D	^		ND ADDRESS OF FA				
e fun e. fun exan		· Eugene	J- Last	mel			ane, Balt	imore	Мď	21213
d in by the or removal.		23. PART I. Enter the diseases, or com	pilcations that caused	the deeth. Do r	not enter the mo	de of dying, suc	h es cerdiec or resp	piretory arrest	PICE.	Approximate
24 hours filled in on, or n		shock, or heert fellure. List IMMEDIATE CAUSE (Final	only one ceuse on ee	ech ilne.	^				.	interval Between Onset and Death
within 24 spletely fille cremation, rent, the		diseese or condition resulting in death)	Mctas	tatic	Color	Can	000		i	2.150
		resoluting in death) / a		CONSEQUENCE OF		1 Culi				2413
and com o burial, matic ev	Z	Sequentially list conditions, b.								
e be executi sician and c prior to buris traumatic	CATION	If any, leading to immediate	DUE TO (OR AS A	CONSEDUENCE OF	F):					
eath certificate be a attending physician mai Hygiene prior to y, or other traun	걸	CAUSE (Disease or Injury	DUE TO (DR AS A	CONSEDUENCE OF						
certificati ding phy tygiene p	CERTIFI	that initiated events resulting in death) LAST	DOE TO (DR AS A	CONSEDUENCE OF	-):					
that the death certificate of by the attending physical by and Mental Hygiene print and Injury, or other the	E	d							i	
aw requires that the death s been signed by the attentpt. of Health and Mental shows any Injury, c	ICAL	PART II. Other significent conditions co					DEDEA			RE AUTOPSY FINDINGS
that per that are that are any	음	IDDM, HTW	, Mi di	lated (ardio r	mopath	1 TYES		COM	MPLETION DF CAUSE DEATH?
quire n sig if Hea	MED					, I	/			YES 2 ND
s bee										
The age ha	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
CIAN: ertifici the Si	IXSI	1 YES 2 NO 10	☐ Inpatient 2 ☐ ER/Outpa		4 - Nursing Hom	s 5 🗆 Rasidence	8 Other (Specify)			
this c	РНҮ	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	28b. TIM INJ	URY WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
After Meath	ğ	2 Accident Investigation	28. DI ACC DE IN HIDV	44.5		/ES 2 ND				
TEND TOR:)		3 Suicide 6 Could not be determined	28a. PLACE DF INJURY building, etc. (Speci	- At nome, term, i	street, ractory, onic	.	281. LOCATION (Street City or Town, State	and Number or i)	Rural Route	Number,
OR AL		290. CERTIFIER								
PAL C	COMPL	(Check only								
HOSP within	8		n the basis of examination	erka/or investigatio	n, in my opinion, d					
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been signe be filed within 72 hours after death with the State Dept. of Health IMPORTANT: If Item 28 is marked, or Item 23 shows a	B	29b. SIGNATURE AND TITLE OF CERTIFIER	e Residen	+104 .		29c. LICENSE NUM	IBER	29d. DATE SI		
₽ ₽ ≥ ≥	2	30. NAME AND ADDRESS OF PERSON WHO CO			(Defent)			1	25/9	3.
	1	SHAILY LAKHAN	JPAL UNIO	N MEMC	RIAL HO.	SPITAL .				
	7	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNA							
		APR 2 7 1993	Julia Devidson	-Andelle						



FUITAL RECORDS 9. O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 SICIAN: The law requires not included within 2s hours after death. Page 6 may be retained by the hospital or attending physician. Certificate has been signed by the notation of remailon, or removal. BALTIMORE, MARYLAND 21215-0020	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires fine in the negative sension of the hospital or attending physician. TO THE RUNERAL DIRECTOR: After this certificate has been significant to physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H			HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEAT	н
	T.	oretta Je	annette	Park	S	Apri.	1 25	199	AR	Ам
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		BIRTHPLACE (State or For	
	217-22-2680	4 TH 6 WE		IONTHS DAYS	HOURS MIN.	(Month, L	Day, Year)		Jountry)	wign:
	9a. FACILITY NAME (If not institution, give stre		00 YRS.	OF CITY TOWN O	R LOCATION OF D		2/189		laryland	
DIRECTOR	Catonsville Co				nsvill			9c. COUNTY Bal	timore	
ĕ	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION				10d. INSIDE CITY	
	Maryland 10e, STREET AND NUMBER	Baltimore		1	Cato	nsvil	1e		1 TYES 2 X	NO
FUNERAL	333 Harlem Lan			101.		228			USA	
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECE	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No- 14.	RACE — American India Black, White, etc.	n,
BY	3 Widowed 4 □ Divorced	IF YES, GIVE WAR OR DAT			2 NO Specifi		en, etc.)		Specify:	
	21			<u> </u>					White	
巴	15. DECEDENT'S EDUCA (Specify only highest grade of	iTION ompleted)	16a. DECEDENT'S US (Give kind of wor	rk done during mos		16b. K	IND OF BUS	INESS/INDUST	RY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use i		-					
₹	6		Hom	emaker				Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mid	dle, Meiden S	Surname)		
BE	Benjamin	F. Scott				Mary	т На	rtman	1	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street en	nd Number or Rural i	Route Number,	City or Town	, State, Zip Cod	(a)	
2	Betty L. Parks		4						MD 2122	8
	20e. METHOD OF DISPOSITION	20b. F	PLACE AND DATE OF	DISPOSITION (Nat	me of	DATE	20c LOC	ATION - City	or Town State	
	1 Buriel 2 Cremation 3 Remov	al from State	tery, crematory or othe tro Cre	mators	The	126	Ro	1 + i m o	or lown, state	
	21. SIGNATURE OF FUNERAL SERVICE LIGE	NSEE 2	CIO OIE		D ADDRESS OF FA		Da	TUTINO	ite, m	
	serge E.	I free that		Crema	tion S	ociet	y of	Md.,	Inc.	
	George E.	MacNabb		299 F	rederi	ck Ro	ad B	alto.	, MD 212	28
	23. PART i. Enter the diseases, or co	mplicetions that ceused	the death. Do not	entar the mod	ia of dying, auc	h aa cardia	o or respir	atory erreat,	Approxima	1e
	ahock, or haart failure. Li IMMEDIATE CAUSE (Final								Interval Be Onset and	
	disease or condition	DUE TO (OR AS A C	5 CDI	MP)	F-411	110-	_		Onset and	Death
ł	resulting in death) a.	TEAK	1 // 11		1-11-					
- 11		DUE TO (OR AS A C	CONSEQUENCE OF	-11/		unc				
_		DUE TO (OR AS A	CONSEQUENCE OF):	11/		unc				
NOI	Sequentially list conditions, b.	DUE TO (OR AS A C	VD							
ATION	if any, leading to immediate cause. Enter UNDERLYING	ASC	VD	117						
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	CONSEGUENCE OF):							
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	ASC	CONSEGUENCE OF):							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):							
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):				la. WAS AN A		24b. WERE AUTOPSY FIN	
ا بر	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):			Pert i. 24	Ia. WAS AN A	EDZ	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA	0
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ا بـ	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	DUE TO (OR AS A C	CONSEQUENCE OF):	the underlying	couse given in	Pert i. 24	Ia. WAS AN A	EDZ	AVAILABLE PRIOR T COMPLETION OF CA DF DEATH?	O NUSE
ا بـ	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONTRIBUTING TO deeth but	CONSEQUENCE OF):	the underlying		Pert i. 24	Ia. WAS AN A	EDZ	AVAILABLE PRIOR T COMPLETION OF CA DF DEATH?	O NUSE
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BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	DUE TO (OR AS A CONTRIBUTION OF THE DESIGN OF DEAT OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY 29e. PLACE O	CONSEQUENCE OF): It not resulting in Hent 3 DOA 4 28b. TIME (INJUR At home, ferm, atre) dge, death occurred and/or investigation, TH (ITEM 27) (Type, Pr. 10840	26. PLI THER: Nursing Home PF 26c. INJU WOR 1 I Y set, fectory, office at the time, date a in my opinion, de	Ceuse given in ACE OF DEATH (Chi 5 Residence RY AT RS? ES 2 NO and place, and due ath occured at the 296. LICENSE NUM Suite 30	Pert I. 24 1 1 eck only one) 8 Other (S 28d. DESCR 28f. LOCATIC Cily or 1 to the cause(time, data end	DN (Street and bown, State)	JURY OCCURE of Number or Ri oer ea stated. due to the cau 29d. DATE Sto	AMALABLE PRIOR TO COMPLETION OF CADE OF DEATH? 1 YES 2 Note of the completion of th	O MUSE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

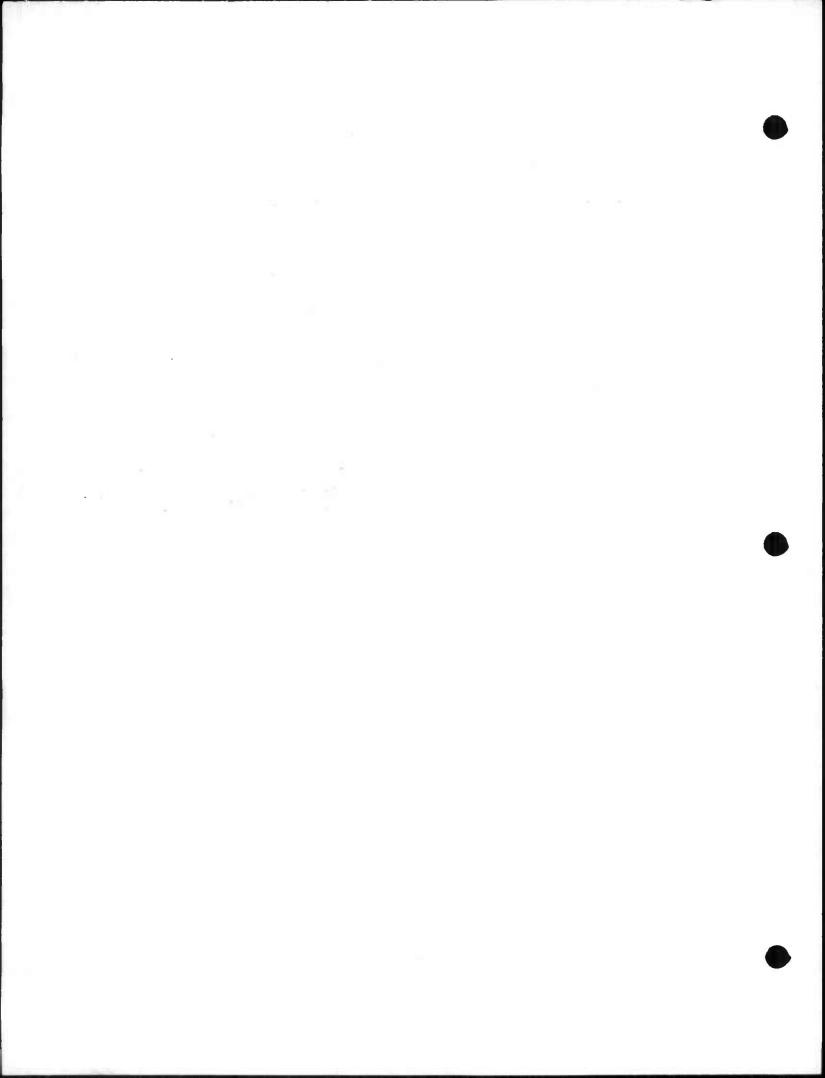
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE OF MARYLAND / CE		MENT OF HI		WENTAL HYGIENI REG. NO.	E	11000	
	Derivor		L. Peo	ples Jr	2. DATE OF DEATH MONTH	3 93 ^{EAR}	3. TIME OF DEATH 8:55Pm	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last		F UNDER 1 YEAR DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 9/5/44		THPLACE (State or Foreign ntry)	
_	9a. FACILITY NAME (If not institution, give street and number)	9		LOCATION OF DE	ATH	9c. COUNTY OF	Md ,	
1015	Balto, CO, General Hospital		Ran	dallsto	√n			
DIRECTOR	106. STATE 10b. COUNTY Md.		TOWN OR LOCATIO				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	D	altimor	ZIP CODE		10g, CITIZEN OF	1 PYES 2 NO	
FUNERAL	5603 Chandler Ave.			21207		USA		
B	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Wildowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARIFORCES? 1 ☐ YES 2 ☐ N IF YES, GIVE WAR OR DATES	MED IO	13. WAS DECE If yea, spec	ify, Cuben, Maxica	IC ORIGIN? (Specify Yea n, Puerlo Rican, etc.)	Ble	CE — American Indian, ck, White, etc. city: . American	
TED	(Specify only highest grade completed) (Gi	CEDENT'S US we kind of work Do NOT use n	WAL OCCUPATION k done during most	of working	16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Teach			Balto Syste	City	School	
	17. FATHER'S NAME (First, Middle, Lest) Bernie L. Peoples Sr.				ME (First, Middle, Meiden S	Sumame)		
BE		. MAILING AC	ODRESS (Street and	Hele	en People Route Number, City or Town			
5	Bernie L. Peoples Sr.				Balto. Md.			
	20e. METHOD OF DISPOSITION 1	nd Date of I	DISPOSITION (Name of place)	eof arl 4/29	1	CATION — City or 1		
	21. SIGNATURE OF PUNEMAL SERVICE LICENSEE	diawii	22. NAME AND	ADDRESS OF FAC	YILITY	alto. M		
	I Ticl 4 Ostes		1:	300 Euta	hers Funer w Pl. Balt	o. Md.	P.A. 21217	
CERTIFICATION	23. PART . Enter the diseases, or complications that carsed the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
	thet initiated events resulting in death) LAST d. PART II. Other aignificant conditions contributing to death but not re							
IN: MEDICAL	Acquired In municipal of	el 6	the underlying	La La	Pert I. 24a. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 40 HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 27. MANNER OF DEATH 28a. DATE OF INJURY	DOA 4	THER: Nursing Home F 28c. INJUI	RY AT	ck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCURED		
B	Neturel 5 Pending (Month, Dey, Year)	INJUR ne, larm, stre	M 1 YE	S 2 NO	28f, LOCATION (Street ar	nd Number or Rural	Route Number,	
ETED	4 Homicide determined				City or Town, State)			
COMPLET	29a. CERTIFIER (Check only pre) 2 MEDICAL EXAMINER: On the best of aximination and/or in						s) and manner as stated.	
TO BE	296 SIGNATURÉ AND TITLE OF CERTIFIER La All La La La La La La La La La La La La La	kir	40	D3(87Z	29d. DATE SIGNE	0 (Month, Day, Year) 23/93	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	(Type, Pri	no Ba	Himol	elounty	bener	eltosp	
	ADD 27 1093 . Mindry Pandel	2			`			



BALTIMORE, MARYLAND 21215-0020

RECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The

DIVISION OF VITAL

BE

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Michael

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law regenes that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after chark with the State Dent of Health and Mental Hynleine prior to burial cremation or named.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

93 11893 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 22 3. TIME OF DEATN BETTY O. QUINN 4 23&w1400057000 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 4-29-27 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 212-24-0399 DAYS HOURS 1 M 2 TF 65 Md. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR St. Agnes Hospital Baltimore City N/A 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A Md. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 2219 Wilkens Ave. - Baltimore, Md. 21223 U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuban, Maxican, Pu 1 YES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION

(173/un kind al work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) N/A Housewife N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumerne) BE Mortzfeldt Helen Leisure 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 2219 Wilkens Ave.-Baltimore, Md. 21223 Iames Usserv 20s, METHOD OF DISPOSITION
1 W Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State oudon Park Cemetery 4-23-93 Baltimore, Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3512 Frederick Ave. Truman Schwab G. Baltimore, Md. 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) Myocardial infarction, acute, posterior wall OUE TO (OR AS A CONSEQUENCE OF): Thrombus, coronary artery, right MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Atherosclerosis coronary arteries, marked CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO X YES 2 NO COMPLETION OF CAUSE X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) 1 Inputient 2 I ER/Outpatient 3 I DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) ETED 3 Suicide 6 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated. COMPL 2 MEDICAL EXAMINER: On the beels of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) end menner as stated.

Michael E. Pelczar, M.D., St. Agnes Hospital, 900 Caton Ave., Baltimore, MD 21229

29c. LICENSE NUMBER

D09990

July 32 DEGISTRAR'S SIGNATURE

LETED CAUSE OF OEATN (ITEM 27) (Type, Print)

Jan

29d. DATE SIGNEO (Month, Day, Year)

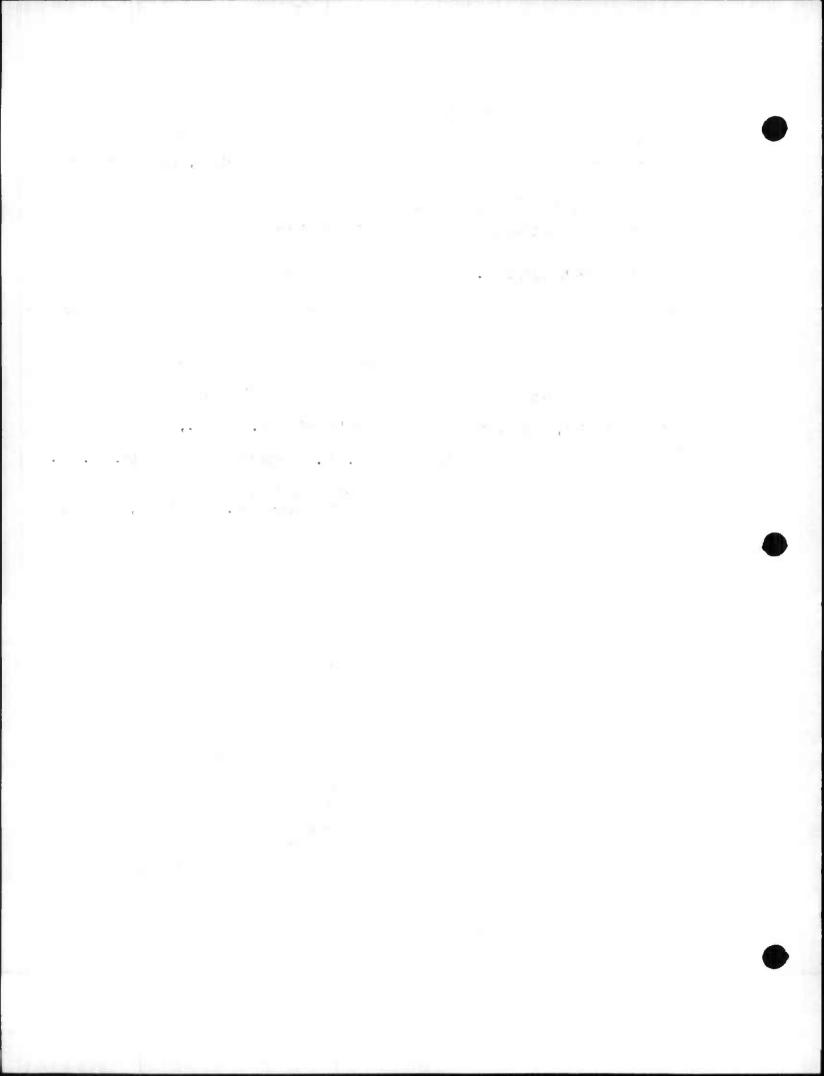
4/22/93

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO DECEDENT'S NAME (First, Midgle, LES ZE) Marie NOTH 3. TIME OF DEATH 2. DATE OF DEATH 24 MON 0 4 SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign April 1 '5" Waryland 1913 32 9691 1 M 2 F 80 213 VRS bermit. Pages 1. 2, 3 should 9a. FACILITY NAME (If, not institution, give 9b. CITY, TOMM-OR LOCATION OF DEATH 9c. COUMEY OF DEATH ST. JOSCA DIRECTOR OWSOM more Baltimore 10a. STATE 10c. CITY, TOWN DR LOCATION RIVER INSIDE CITY Maryland 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21220 3833 Clark's Point Rd. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White BY 3℃ Widowed 4 □ Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) Housewife Home 9 Dines 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Catherine 10 Unknown BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3833 Clark's Point Rd. Balto., MD 21220 Ginger Schmidt, Daughter pe 20b. PLACE AND DATE of DISPOSITION (Name of Cemetery 4/26/93 Balto. Co. 20a. METHOD OF DISPOSITION
14 Burtal 2 Cremation 3 Removal from State must Balto. Co. MD. 4 Donation 5 Other (Specify) examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeal Home PA the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. 21 FART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, event, the medical Approximate shock, or heart failure. List only one cause on each line. intervai Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) lockyand Con HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST this certificate has been signed by the atternment of Health and Mental write the State Dept. of Health and Mental writed, or Item 23 shows any injury, (PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 | YES 2 | NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF GEATH (Check only one) OTHER: 1 YES 2 1 NO Hent 2 ER/Outpatient 3 DOA e 5 🗆 Residence 6 🗆 Other (Specify) 4 🗆 Nu 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural DIRECTOR: After the hours after death w 1 YES 2 ND BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Yours, State) 3 Suicide 8 Could per be COMPLETED 28 4 Homicide IMPORTANT: If item 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL (2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated 29b. SIGNATURE AND TITLE DE CERTIFIEI 29c. LICENSE NUMBER BE 표물 Mor Hunous. 9 2367 23 2 COMPLETED LAUSE OF DEATH (ITEM 27) (Type, Print) 3007 Coylomez Tringes 21219 6 1993



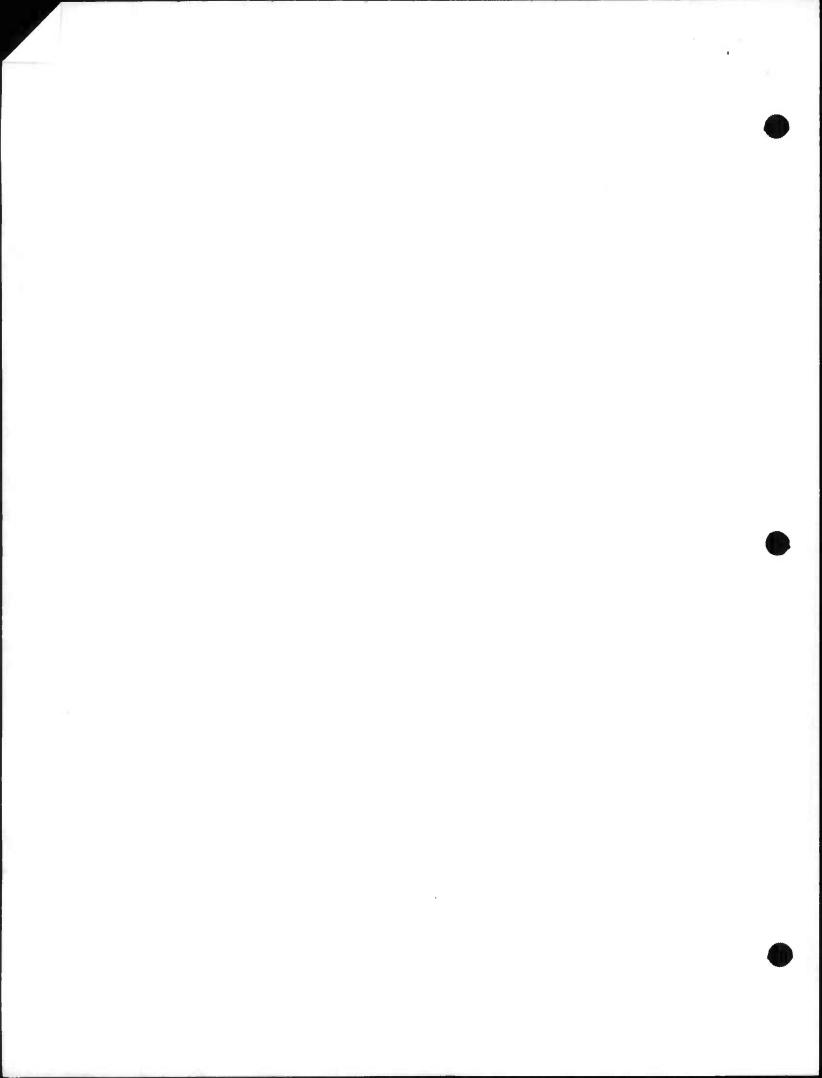
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TO THE INCOME. ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	TO THE FLUCENCE. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	be find with a find with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If IMM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF H	EALTH AND	MENTAL HYGIEN		11030
	1. DECEDENT'S NAME (First, Middle, Last	0				2. DATE OF DEATN		3. TIME OF DEATN
	SHAWN E.		RICE			04 2	1 93	9:30 P M
	4. SOCIAL SECURITY NUMBER 219-98-9659	13€3KM 2 □ F 1	(In yrs. last birthday) FL MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, 4-1)	8. BIRTI Count	NPLACE (State or Foreign fry) Maryland
OR	90. FACILITY NAME (If not institution, give CARROLL COUNT				INSTER		9c. COUNTY OF C	DEATH
<u>ස</u>	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ity	10. 0/7/ 70	WN OR LOCATI				
DIRECTOR	37	Carroll		mpstea				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		110		ZIP CODE		10g. CITIZEN OF	1 YES 2 NO
ER.	17923 Marshal) Mi	.11 Road			21074		United	i States
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 X NO	If yes, spe	ENDENT OF NISPAN city Cuben, Mexice 2 X NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No - 14, RACI	E — American Indian, k, White, etc.
	15. DECEDENT'S ED (Specify only highest grad	RUCATION de completed	16e. DECEDENT'S USU/	AL OCCUPATIO	N'	16b. KIND OF BU	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) 5th grade	College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	red.)	t or working			
Ř	17. FATNER'S NAME (First, Middle, Last)		Student					
	Shawn Rice					ME (First, Middle, Maiden	,	
BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street an		sa McTagga		
입	Ms Theresa McTag	gart			1 Mill R		stead, MD	21074
	20a, METHOD OF DISPOSITION PLABurial 2 Gramation 3 - Re-	moval from State	PLACE AND DATE OF DIS	POSITION /Nar	ne of		CATION — City or To	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	Ъ	ruid Ridge			4/26 Pi	ikesville	Maryland Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		Loring	Byers	guny Funeral Di	rectors.	Inc
	James	D Core	ey	8728]	Liberty	Road Rand	lallstown	, MD 21133
2	IMMEDIATE CAUSE (Final disease or condition reauting in death)	a. Und	eter		4	n as cardiac or reap	ratory arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):					
N: MEDICAL	PART II. Other significant condition	na contributing to death be	ut not resulting in the	e underlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Che	ick only one)		
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 ER/Outp		HER: Nursing Home	5 🗆 Residence	6 Other (Specify)		
H	27. MANNER OF DEATN 1 Natural 5 Pending	280. DATE OF INJURY (Month, Day, Year) 04-21-199	266. TIME OF INJURY	28c, INJU WOR	NC?	28d. DESCRIBE NOW I	NJURY OCCURED	
à	2 Accident Investigation	250 PLACE OF INJURY	— At home, farm, street,	M 1 VI	ES 2XXNO	Unknown		
COMPLETED	3 Suicide 6 Could not be determined	building, etc. (Speci	HOME	tactory, office		1 7923 M	ARSHAL I	MILL ROAD
3		SICIANT To the best of my knowl						
5	MEDICAL EXAM	ER: On the basis of exemination	end/or investigation, in	my opinion, de	ath occured at the	time, date and place, en	d due to the ceuse(e) end menner se stated.
	296. SHOWARDER AND THE OF CENTRE	/	1)[]		29c. LICENSE NUM		29d. DATE SIGNED	
2	30. NAME AND ADDRESS OF PERSON W	and	US W	2	O.C.M	. E	▶ 04-	22- 1993
	USMIA	HO DMPLETED CAUSE OF DEA	111 PENN		ET BAL	TIMORE, MA	ARYLAND	21201
	APR 27 1993	fisha Davidson-Har	dell					

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		REGISTRAR	LAND / DEPARTMENT OF CERTIFICATE O	F DEATH	HYGIENE	93 11896
		1. DECEDENT'S NAME (First, Middle, Last)		2. DATE O		3. TIME OF OEATH
jes 1, 2, 3 should		Mr. Harry Rajca		Apri		
			(In yrs. last birthday) IF UNDER 1 YEAR	44.4 . 44	F BIRTH 8. Day, Year)	BIRTHPLACE (State or Foreign Country)
		213 10 0100	9 YRS. MONTHS DAY		19,1928	Maryland
	_	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOW	N OR LOCATION OF OEATH		Y OF DEATH
	DIRECTOR	Carroll County General Hosp	ital We	stminster	Ca	rrol1
	E C	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LO	CATION		to a morae oray
20	뜻	Maryland Carroll				10d. INSIDE CITY LIMITS?
permit. Pages	AL [10e. STREET AND NUMBER	t. Airy 10f. ZIP CODE 10g. CITIZEN		1 YES 2 X NO	
tan. Transit	8	FIFC D				S.A.
	FUNER	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMEO 13. WAS O	2.1771 DECEMBENT OF HISPANIC ORIGIN?		BACE — American Indian.
phys		1 Never Married 2 Married FORCES? 1 X YES	3 2 NO If yes,	specify Cuben, Mexican, Puerto Ric	can, etc.)	Black, White, atc.
Z I Z I 3-00 Z 0 al or attending physician. for use as the burial-trar	ВУ	3 Wildowed 4 Divorced	DAICS 1 Y	ES 2 X-NO Specify:		Specify: White
	ED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEOENT'S USUAL OCCUPA (Give kind of work done during	TION 16b. 2	IND OF BUSINESS/INDUS	TRY
0 0	E	Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use retired.)	most or working		
the hospital detached for once.	COMPL	12 Grade	Draftsman		State of	Maryland
d de o	8	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Mic	ddle, Maiden Surname)	
d by t	BE	Paul Rajca			ne Harpi	
should 5 should notified	2	19a. INFORMANT'S NAME (Type/Print)		et and Number or Rural Route Number		ode)
2 2 0	-	Mrs. Beverly Rajca	5156 Perry Ro	oad Mt. Airy,	MD 2.1771	
E		20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Removal from State	b. PLACE AND DATE OF DISPOSITION Impetery_crematory or other place DODENBY LE CEM	(Name of OATE	20c. LOCATION — City	y or Town, State
DX 68760, be executed within 24 hours then death. Properties and completely filled in by the hourse director to burial, cremation, or remonstrating event, the medical examiner.		4 Donation 5 Other (Specify) H(4/25 Dunlap, Tennessee		
		21. SIGNAL UNE OF FUNERAL SENVICE-LICENSEE	22. NAME Buri	Burrier-Queen Funeral Directors, P.A.		
	_	18 de CUAN	8728	Liberty Road	Randallsto	wn, MD 21133
	1	23. PART /. Enter the diseases, or complications that cause shock, or heart fellure. Liet only one cause on	ed the deeth. Do not enter the r	node of dying, such as cerdis	c or reepiratory arres	t, Approximate
		IMMEDIATE CAUSE (Finel		Enland Taral	analia.	Onset and Death
	5	DUE TO (OR AS Sequentially list conditions b. Heud	a consequence of:	al Infan-	even	
cian for t	FICATION	cause. Enter UNDERLYING		cular Tacky and Infave- hoporth	even	
th certificate be ending physician I Hygiene prior to or other traus	CERTIFICATION	c. OUE TO (OR AS resulting in death) LAST	A CONSEQUENCE OF):	dopath		
requires that the death certificate be- sen signed by the attending physician of Health and Mental Hygiene prior t shows any Injury, or other traut	MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENCE OF):	Ing couse given in Part I. 2		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
is law requires that the death certificate behas been signed by the attending physician Dept. of Health and Mental Hygiene prior to 23 shows any Injury, or other traus	MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificent conditions contributing to death	A CONSEQUENCE OF):	ing couse given in Part I.	4a. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
The law requires that the death certificate be te has been signed by the attending physician ate Dept. of Health and Mental Hygiene prior tem 23 shows any Injury, or other traus	MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to death 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	but not resulting in the underly	ing couse given in Part I. 2	44. WAS AN AUTOPSY PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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TTENDING PHYSICIAN: The law requires that the death certificate be .TDR. After this certificate has been signed by the attending physician after death with the State Dept. of Health and Mental Hygiene prior is 18 Is marked, or item 23 shows any Injury, or other traus.	E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be designed and investigation as Suicide 6 Could not be designed and investigation as Suicide 6 Could not be designed as CERTIFIER (Chack only one) 286. SKRMATURE AND TITLE OF CERTIFIER	but not resulting in the underly 26. Dotter: A CONSEQUENCE OF): 26. Dotter: A Nursing He 27	PLACE OF DEATH (Check only one) ome 5 Residence 8 Other (in NJURY AT WORK? YES 2 NO fice 28f. LOCAT City or ste and place, and due to the cause, death occured at the time, date and	4a. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) RIBE HOW INJURY OCCUPATION, State) (a) and manner as stated, and place, and due to the company of the co	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, Buse(a) and manner ea stated.
DR ATTENDING PHYSICIAN: The law requires that the death certificate be INRECTOR: After this certificate has been signed by the attending physician ours after death with the State Dept. of Health and Mental Hygiene prior is em. 28 is marked, or item 23 shows any Injury, or other traus	BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Out 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be designed as a color of the contribution of the co	but not resulting in the underly 26. OTHER: 4 Nursing H 26. TIME OF INJURY M 1 Y — At home, form, street, factory, of the street of the s	Ing ceuse given in Part I. 2 PLACE OF DEATH (Check only one) DIME 5 Residence 8 Other (INJURY AT WORK? YES 2 NO Rice 28f. LOCAT City or the end place, and due to the cause death occurred at the time, date at 29c. LICENSE NUMBER	4a. WAS AN AUTOPSY PERFORMED? YES 2 NO Specify) RIBE HOW INJURY OCCUPATION, State) (a) and manner as stated, and place, and due to the company of the co	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number, Buse(a) and manner ea stated.
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(Darrie Popes	1
BALTIMORE, MARYLAND 21215-0020	nurs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-tran- r removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transforms after death with the State Deor, of Health and Mental Motiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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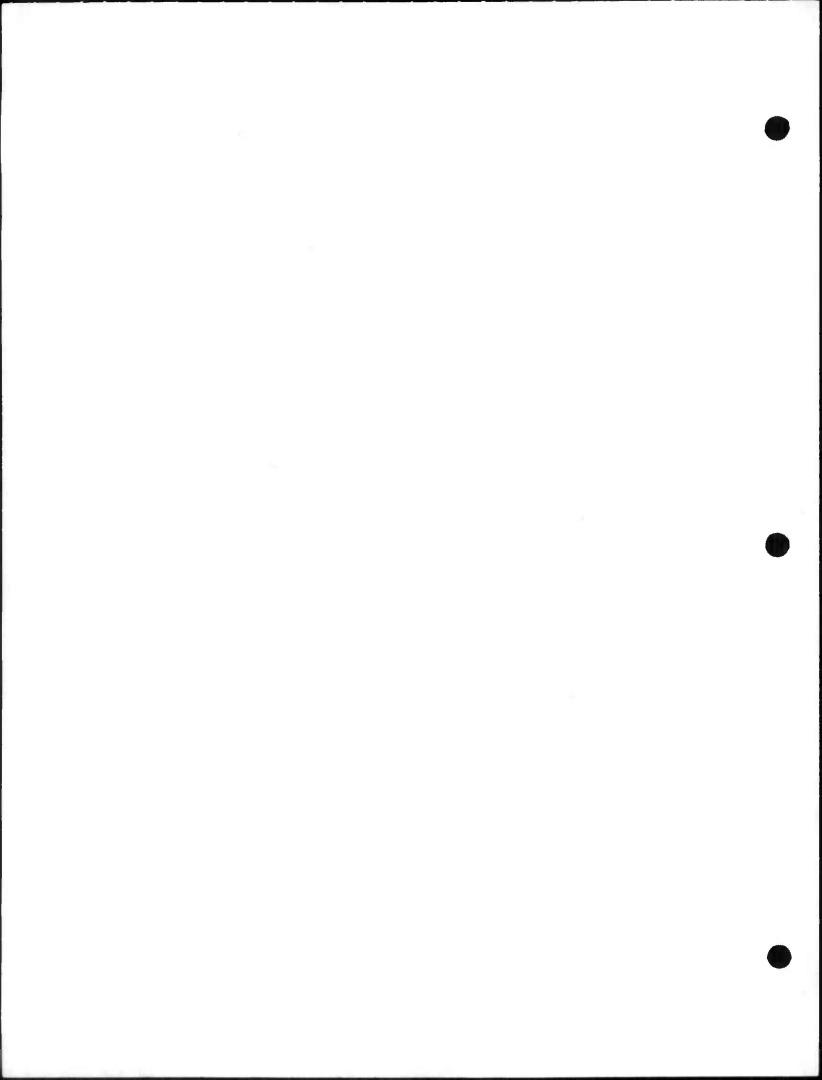
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TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de IMPORTANT: If Item 28 is

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REG. NO 1. OECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF OEATH APRIL 25, 1993 YEAR REGINA S. ROONEY 5:25 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 057-32-5726 1 M 2 XX 1940 NEW YORK YRS. FEB. 4, 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR 4000 JENNINGS CHAPEL ROAD BROOKEVILLE HOWARD RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD BROOKEVILLE 1 YES 2 XXNO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4000 JENNINGS CHAPEL ROAD 20833 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexicon, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES XX NO 1 Never Married XX Merried ВУ 1 TYES X X NO Specify 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 4 REGISTERED NURSE HEALTH CARE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN STAFFORD NORA O'DONOHUE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) FRANCIS P. ROONEY, SR. (HUSBAND) 4000 JENNINGS CHAPEL ROAD, BROOKEVILLE, MD. 20833 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 □ Burlel 2 □ Cremation 3 □ Removal from State
4 □ Donation 6 ◯ XOther (Specify) ENTOMBMENT CRESTLAWN CEMETERY 4/28/93 MARRIOTTSVILLE, MD. 21. SIGNATURE OF SUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 5555 TWIN KNOLLS ROAD, COLUMBIA 21045 23. PART I. Enter the diseases, or complications that ceused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one cause on each line. Intervel Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition LIVER METASTASIS resulting in death) 6 mo DUE TO (OR AS A CONSEQUENCE OF): OVARIAN CARCINOMA (6 mo Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 3 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Natural 2 Accident 5 Pending 2 NO 1 YES 3 Suicide 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED. On the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination a tigation, in my opinion, death occured at the time, data and place, end due to the ceuse(s) end manner as stated, 296. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER 039774 29d. OATE SIGNED (Month, 4/26/ WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) - 600 N. WOLFE STREET. F,MO WOL

HOSPITAL DR ATTENDING PHYSICIAN



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

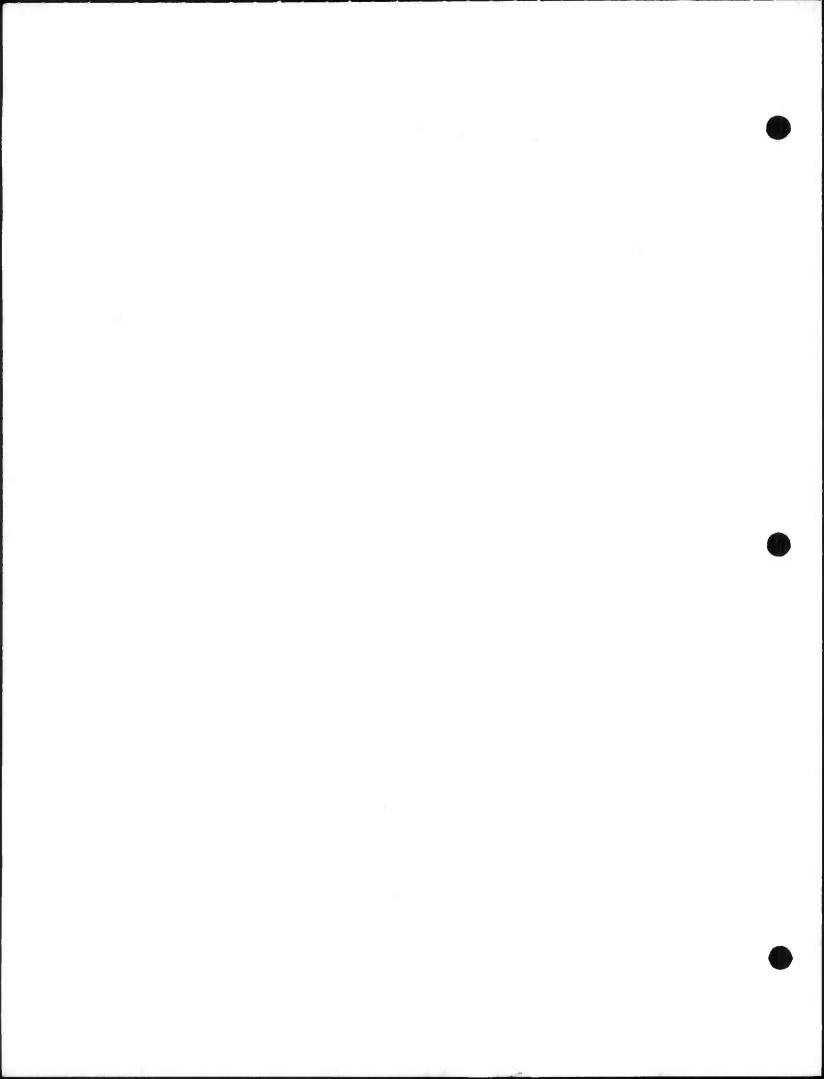
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funeral d	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMENT OF	HEALTH DEAT	AND MEN	ITAL HYGIEN REG. NO.	E		
			ICHARD (G. SULL	EVAN	2.0	ATE OF DEATH	- 93	YEAR 2:23 P M	
	4. SOCIAL SECURITY NUMBER 012-03-695		In yrs. last birthday	MONTHS DAY		24 HRS. 7. D	ATE OF BIRTH Month, Day, Year)	14 1	8. BIRTHPLACE (State or Foreign Country) 72552Chusetts	
O.B.	Stella Maris	s Hospice		96. CITY, TOWN OR LOCATION OF DEATH				BOLLIMORE		
DIRECTOR	RESIDENCE OF DECEDEN 10a. STATE 10b. C	COUNTY	10c. C	TY, TOWN OR LO	CATION				10d, INSIDE CITY	
	Maryland	Balto.	To	owson					LIMITS?	
FUNERAL	10s. STREET AND NUMBER				101. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTRY?	
NEA	442 Range Ro	2]	L204		υ.	S.A.				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO If yes, specify Cuban, Mexican, Puer				Puerto Rican, etc.) Black, White, atc. Specify:			
ED	15. DECEDENT'S (Specify only highest		16a. DECEDENT	S USUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INDU	White stay	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ial Age					
MP	17. FATHER'S NAME (First, Middle, Le:		F.B.I	opec.					cement	
					18. MOTH		rst, Middle, Maiden			
BE	Charles A. S. 19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	et and Number		rine Cr		No. of the Control of	
5	Christine V	Sullivan	71-77		e as 10		nomber, city or lown	, state, zip c	,000e)	
	20s. METHOD OF DISPOSITION PG Burial 2 Gremation 3 G	206.	PLACE AND DATE	OF DISPOSITION			DATE 20c. LOC	CATION — CI	ity or Town, State	
	4 Donation 6 Other (Specify)) Mt	etery, cremetory or . Maria	Cemete:	CV	4/27	/93 T	owson	, Maryland	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	0		AND ADDRESS	S OF FACILITY			. 21204	
	Wallac	e S. Brook	100				eral Hom	e, In	C.	
	23. PART I. Enter the diseases shock, or heart fail	s, or complications thet caused liure. List only one cause on ea	the death. Do	not enter the	mode of dyln	ng, such es d	cerdiac or reapir	retory arre		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Adenocaro		of P	resun	ned P	ancreat	ic. pr	Interval Between Onset and Death	
_	, and a second	OUE TO (OR AS A								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):						
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):						
ERT	resulting in death) LAST	d								
_	PART II. Other algnificant cond	ditiona contributing to death bu	ut not reaulting	in the underly	Ing cause of	ven in Part i	. 24s. WAS AN /	илорѕу	24b. WERE AUTOPSY FINDINGS	
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MED							1 TYES 2	(DAIO	OF DEATH?	
ä									1 - 120 2 (0.110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			PLACE OF DEA	ATH (Check onl	ly one)			
YSI	1 - YES 2 10-190	1 Inpetient 2 ER/Outpe		OTHER: 4 - Nursing H	ome 5 🗆 Resi	idence 6 D	Sther (Specify)	-lospi	ce	
27. MANNES-OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO 28d. OESCRIBE HOW INJURY OCCUREO								REO		
	3 Suicide 6 Could no 4 Homicide determin		— At home, ferm,	street, fectory, of	fica	28f. I	LOCATION (Street ar City or Town, State)	nd Number or	Rural Route Number,	
COMPLETED		PHYSICIAN: To the best of my knowled AMINER: On the besis of examination								
ш	29b. SIGNATURE AND TITLE OF CER	TIFIER)	1 4		29c. LICEN	ISE NUMBER	~ ~	29d. DATE	SIGNED (Month, Day, Year)	
TO B	30. NAME AND ADDRESS OF PERSON	Who completes cause of an	Cerr	0	Di	270	87	> 4	12693	
	DO. HAME AND ADDRESS OF PENSO	M WHO COMPLETED CAUSE OF DEA	THE (TEM 27) (Typ	e, Print)						

M.D. 2300 Dulaney Valley Rd. 21204

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Carla S. Alexanda 31. DATE FILED (Month, Day, Year) APR 27 1993



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7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat
2	HOSPITAL DI

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO		11899
		1. DECEDENT'S NAME (First, Middle, Last) A R (4. SOCIAL SECURITY NUMBER 218-30-5166	5. SEX 8. AGE (III	Rose Sla	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DI	4 93	3. TIME OF DEATH 22.00 M BIRTHPLACE (State or Foreign Country)
3 should	ron	9a. FACILITY NAME (II not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEAT Baltimore City							
an. Iransit perfrit. Page 1.	AL DIRECTOR	Maryland 100. STREET AND NUMBER			Baltimor				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
020 down transit pe	FUNER	4231 Hickory A	Venue Apt. D 12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	U.S. ARMEO 2 NO	13. WAS DEC	21211 ENDENT OF HISPANI Icify Cuban, Maxican	10g. CITIZEN OF WHAT COUNTRY? U.S.A. or No— 14. RACE — American Indian, Black, White, atc.		
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MARYLAND 21 retained by the hospital or 5 should be detached for unotified at once.	E COMPLETED	12 yrs. 17. FATHER'S NAME (First, ANGUN, Lear) Cornelius	Taylor	Book Ke	eeper	18. MOTHER'S NAM Unknown	Account AE (First, Middle, Maiden		
ORE, MARYL 6 may be retained by ctor, page 5 should be nust be notified at	TO BE	The INFORMANT'S NAME (Nymerhon) Charles R. Slater 25a. METHOD OF DISPOSITION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4113	Glenarm OF DISPOSITION (Nai	Ave. Ba	altimore, DATE 20c. LO		nd 21206
ALTIM death. Page e funeral dire ul.		21. SIGNATURE OF PÜNERA, SERVIEB LIC	1 10	rery, crematory or of	Park Cem	D ADDRESS OF FAC			Maryland 1050 York Roa • Towson, Md. 212
24 hours aft filled in by tion, or remother		IMMEDIATE CAUSE (Final	complications that says of control one cause on eed to control one cause on eed to control one cause on eed to control one cause on eed to control one cause on eed to control one cause of control one cause of control one cause of cause o	ch line.	ot enter the mod	de of dying, such	es cerdiac or respi	ratory arrest,	Approximate Intervel Between Onset and Desth
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IDS, P.O. B(the death certificate y the attending physi ad Mental Hygiene pri Injury, or other ti	AP.	PART II. Other significant conditions	d			csuse given in P	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
AL RECORD e law requires that the has been signed by th Dept. of Health and N 23 shows any Inj	PHYSICIAN: MEDIC						1 YES &	246	OMPLETION DF CAUSE OF DEATH?
F VITAL SICIAN: The law certificate has the State Dep	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSBITAL:	tlent 3 DOA	OTHER:	ACE OF DEATH (Chec			
OF PHYSIC this ce with th	ВУ РНУ	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJI	E OF 28c. INJU	JRY AT	28d. DESCRIBE HOW IP	JURY OCCURE	ED
DIVISION OF VITA OR ATTENDING PHYSICIAN: The DIRECTOR: After this centificate in hours after death with the State D Item 28 Is marked, or Item		3 Suicide 8 Could not be daterminad	28e. PLACE OF INJURY - building, etc. (Specify	y) 			28f. LOCATION (Street a City or Town, State)		tural Route Number,
HOSPITAL FUNERAL Within 72 h	COMPLETED		HCIAN: To the best of my knowledge, death occurred at the time, data and pieca, end due to the cause(s) and manner se stated. ER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.						
TO THE TO THE be filed	TO BE	STANCOFSI 30. NAME AND ADDRESS OF PERSON WHO UNION THE			Print)	Residen			SHEO (Month, Dey, Year) 24/93
9		31. DATE FILED (Month, Day, Year) APR 2 7 1993	A. REGISTRAR'S SIGNAT	TUBE Andell	P. M.				

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	FICATE (OF DEATH	REG	3. NO.			
1	l li	1. DECEDENT'S NAME (First, I							2. DATE OF DE		1,75	3. TIME OF DE	ATN
		ANGEL	INA	SAB	ATINO)			MONTH 4	25 19	993	1:00	Р.м
		4. SOCIAL SECURITY NUMBER	R	5. SEX	8. AGE (In	yrs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIR	TH	8. BIRTI	IPLACE (State or	
-		212-74-7763		1 🗆 M 2 💢 🤾 F	97	YRS.	MONTHS DA	AYS HOURS MIN.	June 30	, 1895	Count	alv	
houle		9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	WN OR LOCATION OF D			INTY OF D	-4		
es es	OR	College Mano	r				Lutherville Baltimore						
£.	5	RESIDENCE OF DEC											
200	DIRECTOR	1 1000000000000000000000000000000000000	10b. COUNTY				TY, TOWN OR L					10d. INSIDE CIT	ΓY
Tit.		Maryland	Bal	timore		Trl	thervi					1 - YES 2 1	NO
per t	RA	10e. STREET AND NUMBER	7					10f. ZIP CODE				WHAT COUNTRY?	1
an. masit permit. Pages 1, 2, 3 should	FUNERAL	300 Seminary	Ave.					21093			.S.A	•	
13	교	11. MARITAL STATUS 1 Never Married 2 N	farried	12. WAS DECEDENT FORCES? 1	YES	2 K NO	13. WAS	DECENDENT OF HISPA s, specify Cuban, Mexic	NIC ORIGIN? (Specian, Puerto Rican, e	offy Yee or No-	14. RACI Blac	E — American Inc k, White, etc.	dlan,
2)	B	3 X Widowed 4 Divorc		IF YES, GIVE W	AR OR DAT	ES		YES 2 NO Speci			Spec	ite	
D	ED	15, DECE	DENT'S EDU	CATION	1	8a. DECEDENT'S	LISUAL OCCU	DATION	145 KIND	OF BUSINESS/IN		110	
50 20		(Specify only : Elementary/Secondary (0-1				(Give kind of life. Do NOT to	work done durin	ng most of working	TOLK KIND	OF BOSINESS/IN	DUSTRY		
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the hospital or detached for u	COMPLET	17. FATHER'S NAME (First, Mid	idle, Last)			110 110 01	2-0	18. MOTNER'S N	AME (First, Middle, I		-		
\$ 8 6		Vincent		Ferti	Ltta			Rosa					
5 should be	BE	190, INFORMANT'S NAME (Typ	oe/Print)			19b. MAILIN	ADDRESS (St	reet and Number or Rural	Route Number, City	or Town, State, Zi	n Code)		
	2	Mary Miciche						h Road, Ti					
page	1	20a. METNDD OF DISPOSITIO			20b. P	LACE AND DATE	OF DISPOSITIO	N (Name of	DATE 2	Oc. LOCATION —	City or To	own, Stata	
e 6 m ector,		1 Surial 2 Cremation 4 Donation 5 Other (evel from State	oemet Pa	rkwo'ou	Ceffete	ry 4-28		Balto.			nd
hours after death. Page 6 may be ed in by the funeral director, page or removal.	П	21. SIGNATURE OF EUNERAL	SEMICE YO	ENSEE			22. NAN	E AND ADDRESS OF FA	CILITY				
fune fune xam		> C	1	Tak TIT			Ruck	C Towson F	uneral F	lome, Ir	nc.	01004	
after ny the noval	\vdash	23. PART I. Enter the dis		exst III	caused t	he death Do		York Rd.					
5 5 6		snock, or nea	ert tellure.	List only one ceu	se on eac	h line.	not enter the	mode or dying, suc	on an cerdiec or	respiretory ar	rest,		Between
Pe file		IMMEDIATE CAUSE (Fina disease or condition	1	1 AGA	1/0		47	TAK	-10	0. 1	41.	Onset ar	nd Death
completely fille ial, cremation, cevent, the		resulting in death)	> /:	DUIS TO	100 40 40	ONSEQUENCE O	MA	-006,	NA	020	/VI.		
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ertificate be executed ng physician and con giene prior to burial, other traumatic er	CERTIFICATION	Sequentially list conditio		DUE TO	OR AS A C	ONSEQUENCE O	F):	ELLIT	7	11/2	11		
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phy ene p	필	CAUSE (Disease or injury that initiated events		DUE TO (OR AS A C	ONSEQUENCE O	F):	STERIA		PYDA			
의 전로 F	F	resulting in death) LAST	1	LUNB	九屯	ATREA	1.4/	NBY0 7	HABN	ZSCLE	-2×	= ><	
he death certificate be the attending physician Mental Hygiene prior njury, or other trau		DART II Oak as also Missas	101										
quires that the death certificate n signed by the attending physic Health and Mental Hygiene priows any injury, or other the	DICAL	PART II. Other algnificen	condition	a contributing to	death but	not resulting	In the under	fying ceuse given in	Part I. 24a. W	AS AN AUTOPSY ERFORMED?	24b	WERE AUTOPSY	
	ŏ		· -						11	YES 2 NO		COMPLETION OF DF DEATH?	CAUSE
been si of He shown	M								_			1 - YES 2 -	NO
as been Dept. of 1	ä												
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires THE FUNERAL DIRECTOR: After this certificate has been sign filed within 72 hours after death with the State Dept. of Healt PORTANT: If I fem 28 is marked, or item 23 shows:	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			OTHER:	6. PLACE OF GEATH (C)	neck only one)			146	
CIAN ertific the S	ΥS	1 YES 2 NO		1 Inpatient 2 I			4 Chiring	Nome 5 - Residence	8 Other (Special	(y)			
NG PHYS fter this c eath with marked,	PHY	1 Hatural 5 P	ending	26a. DATE OF (Month, Da		26b. Till IN	JURY	WORK7	28d. OEŞCRIBE	HOW INJURY OC	CURED		
After death	B	2 Accident In	vestigation	00 - BI 405 OF	- (A) (B) (B)			YES 2 NO					
TTEND TOR: / after d			ould not be	building,	Mc. (Specify	At home, farm,	atreet, factory,	offica	28f. LOCATION (City or Town,	Street and Number State)	r or Rurel f	Route Number,	
L OR ATTEND DIRECTOR: / hours after o	E I	29a. CERTIFIER			-:								
AL DI	COMPLET	(Check only						data and place, and due					
HOSPITAL FUNERAL within 72	Ö	2 V MEDIC	AL EXAMINE	R; On the basia of ex	emination a	ind/or Investigati	on, in my opink	on, death occured at the	time, date and pla	ice, and due to the	he cause(s) and manner as	atated.
H H H B O	ш	TO SHATURE AND TITLE	FERTIFIE	11.the	h. h			29c. LICENSE NU	MBER	29d. DAT	E SIGNED	(Month, Clay, mar	9
TO THE HOSPIT TO THE FUNERA De filed within 7 3MPORTANT: 1	TO B	Non	V-61	Wes	// D			レーノ	796	1	41	3743	3
	-	30. NAME AND ADDRESS OF F							territoria de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición			11	
Y		Donald W. M		r, M.D.,	3009	Evergr	een Av	e., Baltir	nore, Md	. 21214			
		APR 2	1993	38. REGISTRAF	S'S SIGNAT	URE A							
7		HERLI	1333	1	AVINO.	manage							

BALTIMORE, MARYLAND 21216-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH , 3. TIME OF DEATH Rait YEAR 7 Ar 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH -46-3666 1 🗆 M 2 💢 F Jan 16, Maryland should 8s. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Pages 1, 2, 3 Baltimore County General Hospital Randallstown Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO permit. Lochearn FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 6811 Campfield Road 21207 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran-13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, Whits, stc. If yes, specify Cuben, Mexican, Puerto Ri
1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES B 3 🔀 Widowed 4 🗌 Divorced Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Unknown Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ħ Levin Taylor BE Unknown Reitz notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Augsburg Lutheran Home 6811 Campfield Road Baltimore, MD be 20s. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats DATE must Loudon Park Cemetery 14/24 Baltimore City, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY filled in by the funeral on, or removal. Loring Byers Funeral Directors, Inc. ller 8728 LIberty Road Randallstown, MD event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final RATORY FAILURE cremation. disease or condition completely resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF): S PNEUMONIA attending physician and con traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING certificate be other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 diam Mental 23 shows any Injury, Health and No. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? LL 1 YES 2 NO 1 YES 2 NO THE HOSPITAL OR ATTENDING PHYSICIAN, The law magn THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Depti of P PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL Item 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) t | YES 2 | NO 1 Inpetient 2 ER/Outpetient 3 DOA 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 1 YES 2 ND BY 2 Accident 28s. PLACE OF INJURY — At homs, Isrm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 99 3 Suicide S Could not be COMPLETED 28 4 Homicide Item 29s. CERTIFIER

(Chart only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(s) and manner as stated. TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If IN 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dus to the cause(s) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 29c. LICENSE NUMBER aus LF. 22 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2113 RAL APR 27 1993 32. REGISTRAR'S SIGNATURE

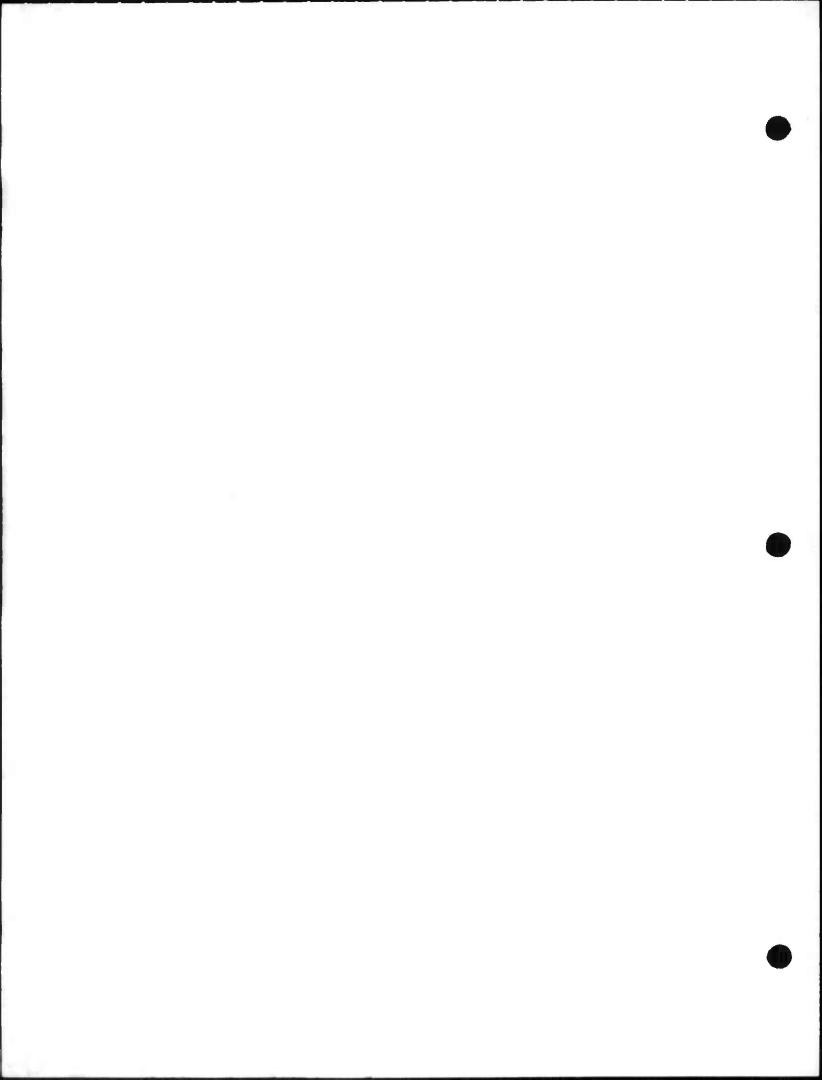
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	- WEIGH	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		3	. TIME OF DEATH
	Charles		Steibe Jr.			MON			993	The state of the s	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	1		ACE (State or Foreign
	220-18-9648	1√2 M 2 □ F	69	YRS.	MONTHS DAYS	HOURS MIN.	(Moi	nth, Day, Year)	1	Country)	
	9a. FACILITY NAME (If not institution, give str				95 CITY TOWN	OR LOCATION OF E		4,192			yland
œ					SU. CITT, TOWN	OR LOCATION OF E	DEATH		9c. COU	NTY OF DEA	гн
유	119 S. East Ave	nue			LBalti	nore					-
Ä	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN OR LOCA	TION				10	Nd. INSIDE CITY
5	Maryland		•		F	altimore	2				LIMITS?
10e. STREET AND NUMBER 10f. ZIP CODE							10a CIT		T COUNTRY?		
ER.	119 S. East Ave.					21224	1			. S. A	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	ENDENT OF HISPA		IN? (Specify Yea			American Indian.
<u>L</u>	1 Never Married 2 Married	FORCES? 1 [YES 2 N	10	If yes, s	ecify Cuban, Maxic	can, Puarto	Rican, etc.)	0.1.0	Black, V	Vhite, etc.
B	3 Widowed 4 Divorced		III ON DAILS		1 1 163	SVMO Spec	any:			Specify:	hite
	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. DE	CEDENT'S	USUAL OCCUPATI	DN	16	b. KIND OF BUS	SINESS/INC		
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Do NOT us	work done during m se retired.)	st of working					
릴	NA	NA		osta.	l Clerk			U.S.	Post	tal Se	rvice
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First,				
BE C	Charles A. Steibe	Sr.				Marie					
	19a. INFORMANT'S NAME (Type/Print)		1915	. MAILING	ADDRESS (Street	and Number or Rura	/ Route Nur	mber, City or Town	n, State, Zig	Code)	
2	Mildred Steibe (Wi	fe)				Ave., E					
	20a. METHOD OF DISPOSITION			NDDATE	OF DISPOSITION (N	ime o/	DA			City or Town	Stata
	1 Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	tombment.	cemetery, crer	Star	ther place)	Cemetey	11/	29 Ba			
	21. SIGNATURE OF FUNERAL SERVICE LICE		- 2	5000	22. NAME A	ND ADDRESS OF F	ACILITY		LCLIK	TE, I	и.
	» ///////				Schi	munek Fu	mera	1 Home			
-	23. PART I. Enter the diseases, pr co				3331	Brehms	Lane	. Balt	imore	Md.	21213
7	shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. Herosclevon's Cavadiv vinscular Disease Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
	CAUSE (Disease or Injury that initiated events	DUE TO ((OR AS A CONSEO	UENCE O							
E	resulting in death) LAST				,						j
	d.										
PHYSICIAN: MEDICAL	PART II. Other significent conditions	contributing to d	leeth but not re	esulting	n the underlyin	g ceuse given in	Part I.	24e. WAS AN PERFOR	MED?	AV CC OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL				28 Di	ACE OF DEATH (C)	hack only o	l l			
Sic		HOSPITAL:	EB/Outpetlant 1	□ noa	OTHER:						
ž	27. MANNER OF DEATH	26a. DATE OF III		26b, TIM		e 5 Pasidenca			1 11 1994 - 0 - 1	NIE O	
	1 Natural 5 Pending	(Month, Day	(Year)		URY WO	RK?	∠ed. DE	SCRIBE HOW IN	JURY OC	UNED	
À	2 Accident Investigation 3 Suicide & Could get be	26a PLACE OF	INJURY ALL-	no form	freet, factory, offic	/ES 2 NO	801.1-	0471041			
E	4 Homicide 6 Could not be detarmined	butlding, at	tc. (Specify)	ria, rairifi, a	treet, factory, ome		261. LO	CATION (Street a or Town, State)	t and Number or Rural Route Number, e)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI PARTIES ON MEDICAL EXAMINER										d manner as stated.
	296. SIGNATURE AND TALE OF CERTIFIER	. ^	1.			29c. LICENSE NU		T			onth, Day, Year)
BE	Denn	is the	Chen	tun		0.0.1	M I		>		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type,	Print)	Valual	M.E.			14 2.6	1993
			1.1	1 De	nn C+~	eet. B	-14-	m 0 == 0	N/ -	T	3 2222
N	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE		الد بسـ	eel. Bi		more.	war	ylan	d21201
4	APR 2.7 1003	4.1. K	יי אח								





BALTIMORE, MARYLAND 21203-3146

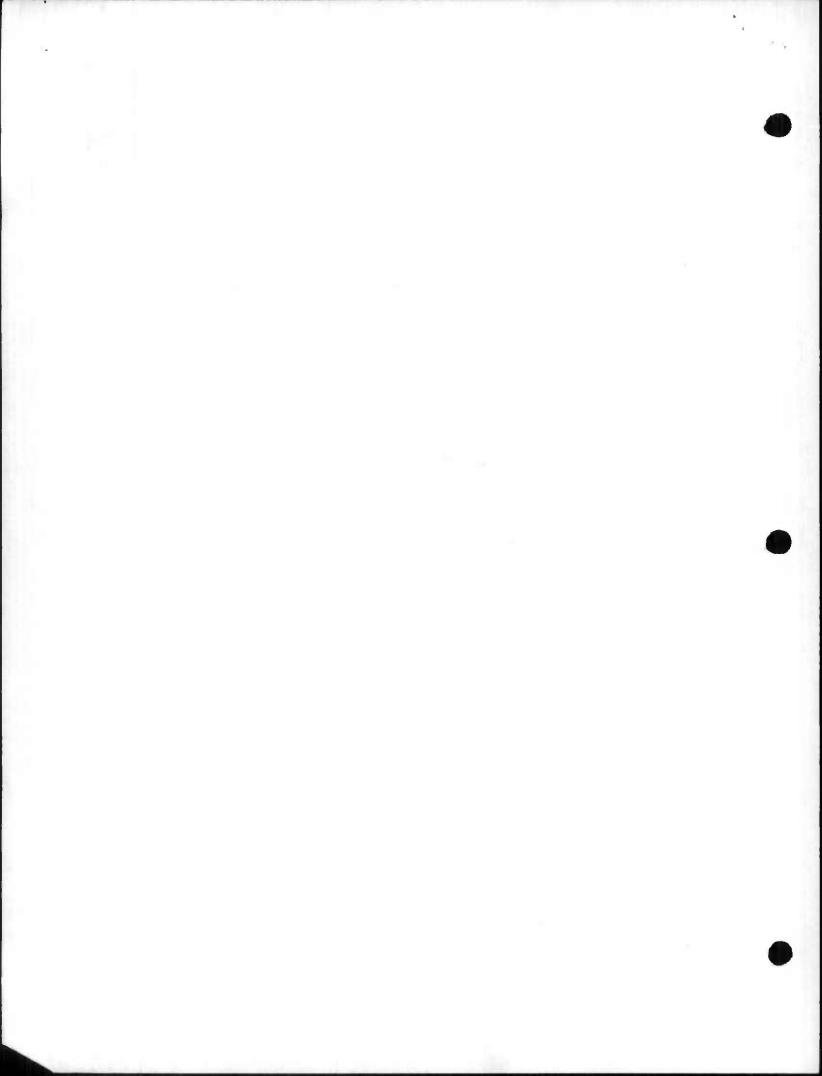
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT (MENTAL HYGIEN REG. NO.	E					
	1. OECEDENT'S NAME (First, Middle, Lest) JUANITA	M SAWYE	2		2. DATE OF DEATH DA	5 9	ar 9:36 Pm				
		5. SEX 6. AGE (in yrs. le	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Z - 14-1	714	SHITHPLACE (State or Foreign Country)					
TOR	9a. FACILITY NAME (If not institution, give LORIEN PRANKE RESIDENCE OF DECEDENT	etreet and number) CRD NRSE 9 REH		WIN OF LOCATION OF OE	CITY	9c. COUNTY	OF OEATH				
DIRECTOR	10a, STATE 10b. COUNT	ry	TY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO						
FUNERAL	100. STREET AND NUMBER 5009 FRANKF	ORD AVE		101, ZIP CODE 21206			g, CITIZEN OF WHAT COUNTRY? ASA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN U.S. AI FORCES? 1 YES 2 THE YES, GIVE WAR OR DATES	NO If y	13. WAS DECENDENT OF HISPANIC OBLIGHT (Specify Yes or No—If yes, specify Cuben, Mayletiff, Puerto Ricen, etc.) 1 YES 2 10 Specify: Specify:							
	16, OECEDENT'S EO (Specify only highest grad Elementary/Secondary (9-12)		ECEDENT'S USUAL OCCU	ng most of working	16b. KIND OF BUS						
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	- +	DUSEWIFE		ME (First, Middle, Malden		Court				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Strept and Number or Russel Route Number, City or Town, State, Zip Code)										
	20s. METHOD OF DISPOSITION 1 Buriel 2 Tremetion 3 Res	moval from State	OF DISPOSITION (Name lece)	of cometery, cremetory or	20c. LQ	Sp. /	or Fown, State Md				
	21. SIGNATURE OF PANERAL SERVICE C	ICENSEE / LOUIN	22. NA	ME AND ADDRESS OF FAI	Conkline	e Hoi	Me KR BATO ZIZZA				
	23. PART I. Enter the disease or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	commontions that coused the district only one couse on each lin	ma - v	e mode of dying, such	e cardiac or respi	retory arrest	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Oue to (or as a consequence of):										
CERTIF	that initiated events resulting in death) LAST	d.									
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to death but not	resulting in the unde	rlying cause given in	Part I. 24a. WAS AN PERFOF 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (Ch							
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	3 DOA W Nursin	g Home 5 🗔 Residence	5 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED				
BY	T Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28s. PLACE OF INJURY — At h	M	M 1 YES 2 NO							
COMPLETED	29a. CERTIFIER (Check only	SICIAN: To the best of my knowledge, of									
BE COI	296, SIGNATURE AND TITLE OF CENTUR	NER: On the besis of examination and/or	ABER		GNED (Month, Day, Year)						
10	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Print)	11200	0.0	01.	03070				
	31. DATE FILED (Month, Day, Year) APR 9 6 1002	32. REGISTRAR'S, SIGNATURE	THE B	ay ew cr		AS M	ULLLT				

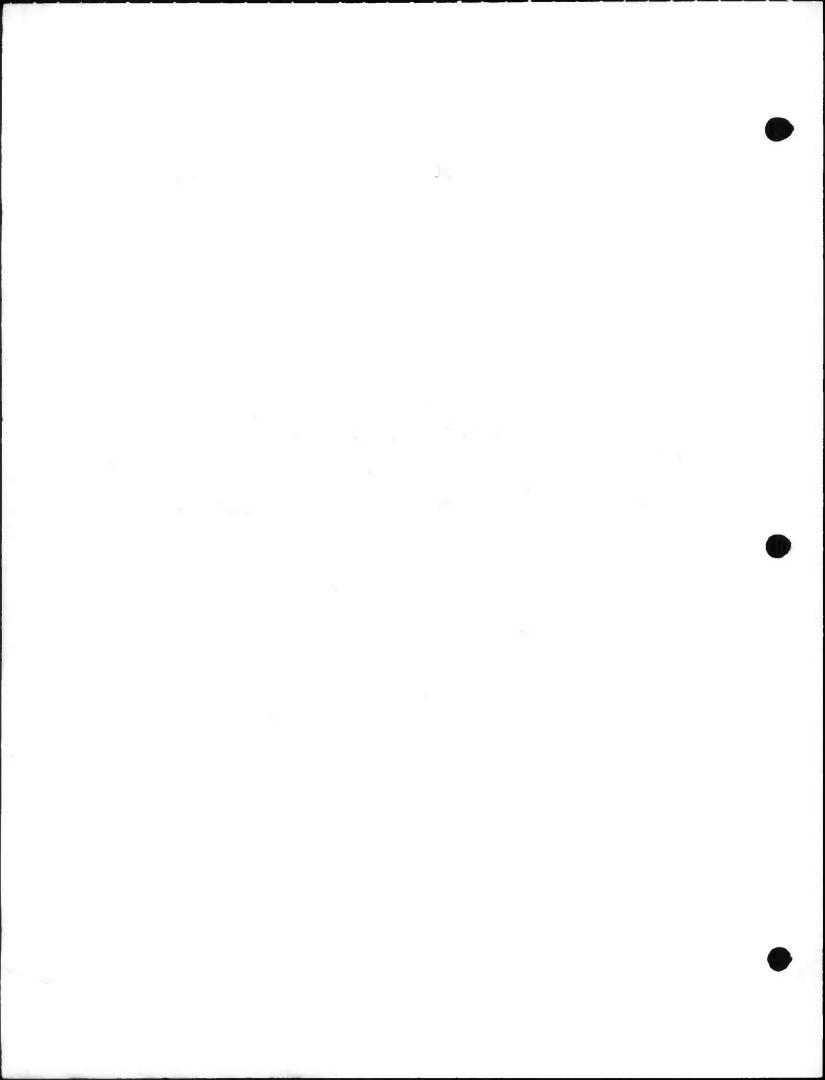


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE C	F DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	C.	- 1	· · · · · · · · · · · · · · · · · · ·	2. DATE OF DEATH	YEAR O 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.			04 21	12	8:05 Pm
	221-21-2150	1 - M 2 N F	Inst birthday) IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	Country	4 6 4
	9a. FACILITY NAME (If not institution, give s	treet and number)	9b. CITY, TOW	N OR LOCATION OF DI	/0/27//	9c, COUNTY OF DE	FOR 91A
O. B.	Bon Secours	Hospital . 7	NC BAL	+ male	City		
בל	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		7,00				
DIRECTOR	Md		10c. CITY, TOWN OR LO				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		DALTI	MORE 101, ZIP CODE		10g. CITIZEN OF W	1 YES 2 NO
FUNERAL	1621 N/ BE	NTALOU	STREET	212	, ,	log. Citizen OF W	COUNTRY?
N.	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ARMED 13. WAS I	DECENDENT OF HISPAI	IIC ORIGIN? (Specify Year	or No.— 14. RACE	- American Indian,
>	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	MO It yes	specify Cuban, Mexica YES 2 100 Specif	n, Puerto Rican, etc.)	Black Specifi	, White, etc.
ED B	15. DECEDENT'S EDUC	CATION		/-		1 13	LACK
ETE	(Specify only highest grade Elementary/Secondary (8-12)	completed)	OECEDENT'S USUAL OCCUP. (Give kind of work done during life. Do NOT use retired.)	MOST of working	16b. KINO OF BUSI	INESS/INDUSTRY	
PL	Estimates y Contract y (o-12)	College (1-4 or 5+)					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1.1.11		18. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)	
BE	SOLOMON	WilliA.	mson	man	-4 FR	Aisek	>
5	19a. INFORMANT'S NAME (Type/Print)	C +1.01 14	19b. MAILING ADDRESS (Stre	et and Number or Rural	Paper Number, City or Town	State, Zip Codej	
-	MRS Sheem	e milht IATI	16021N.D.	enla lous	ST. BAITO	Ind. o	21216
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Removed	oval from State semptery,	CE AND DATE OF DISPOSITION crematory or other pleces	(Neme of	DATE 20c. LOC	ATION - City or Tow	vn, Stata
	4 Donation 5 Other (Specify)		gryland IVI	AND ADDRESS OF FA	NI DI	urel 11	/ CV
	· Joseph	L Russ	ر الم		XUS5 1-6	1 111	Home
	as number	V. Freeze	22	22 WINC	ThAVE, K	BAIDI	10,21216
	23. PARTY. Enter the diseases, or o shock, or heart failure.	complications that caused the List only one cause on each it	death. Do not enter the line.	moda of dying, suc	h aa cardiac or reapin	atory arrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	(-	101	+1	1 -0-1	- 1	Onset and Death
	reaulting in death)	DUE TO (OR AS A CON	SEGUENCE OF:	and foul	rest 5 v	o pour	u.a.
2		My hart IN	cuall and	tu	reflecies	deste	ye
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF:	or ma	(Victor	7	
	CAUSE (Disease or Injury	h .				,	
RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CON!	SEGUENCE OF):				
CER		l					
	PART II. Other algnificant condition	contributing to death but no	ot resulting in the underly	ing cause given in			WERE AUTOPSY FINDINGS
DICAL	- July	play U	yperteus.	ion atry	PERFORM 1 PES 24	7.40	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME	Jepul	lation be	wite no	Af fail	und		1 YES 2 NO
ä				0			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	PLACE OF DEATH (Ch	ack only one)		
Υ×S	1 YES 2 NO	1 Impatient 2 ER/Outpatient 28e. DATE OF INJURY	3 DOA 4 Nursing H	lome 5 Residence			
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW IN.	JURY OCCURED	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	26s. PLACE OF INJURY — At			28f. LOCATION (Street an	d Number or Burel Br	outs Number
TED	4 Homicide determined	building, atc. (Specify)			City or Town, State)	o realization of residence	nato Hallippia
COMPLETE	29a. CERTIFIER Check only	CIAN: To the best of my knowledge,	death occurred at the time, d	ate and place, and due	to the cause(s) and many	or on obstacl	
OM	one) 2 MEDICAL EXAMINE	R: On the basis of exemination and/	or investigation, in my opinior	n, death occured at the	time, date and place, and	dua to the cause(a)	and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIED			29c. LICENSE NUM		29d. DATE SIGNED	
) BE	Q.	varu w	17	0200	40	4/)	2/92
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEATH (T	TEM 27) (Type, Print)	1 0	. 0 1	1	113
1	V. Evans	un 700	Ushur	lon 8/va	Batto	M2	1230
5	31. DATE FILED (Month, Day, Year)	32. HEGISTRAR'S SIGNATURE					
	555 9 5 4855	10 K. 10	4.40%				

DIVISION OF VITAL RECORDS. P.O. BOX 68760.

DHMH-16 Rav 1/89



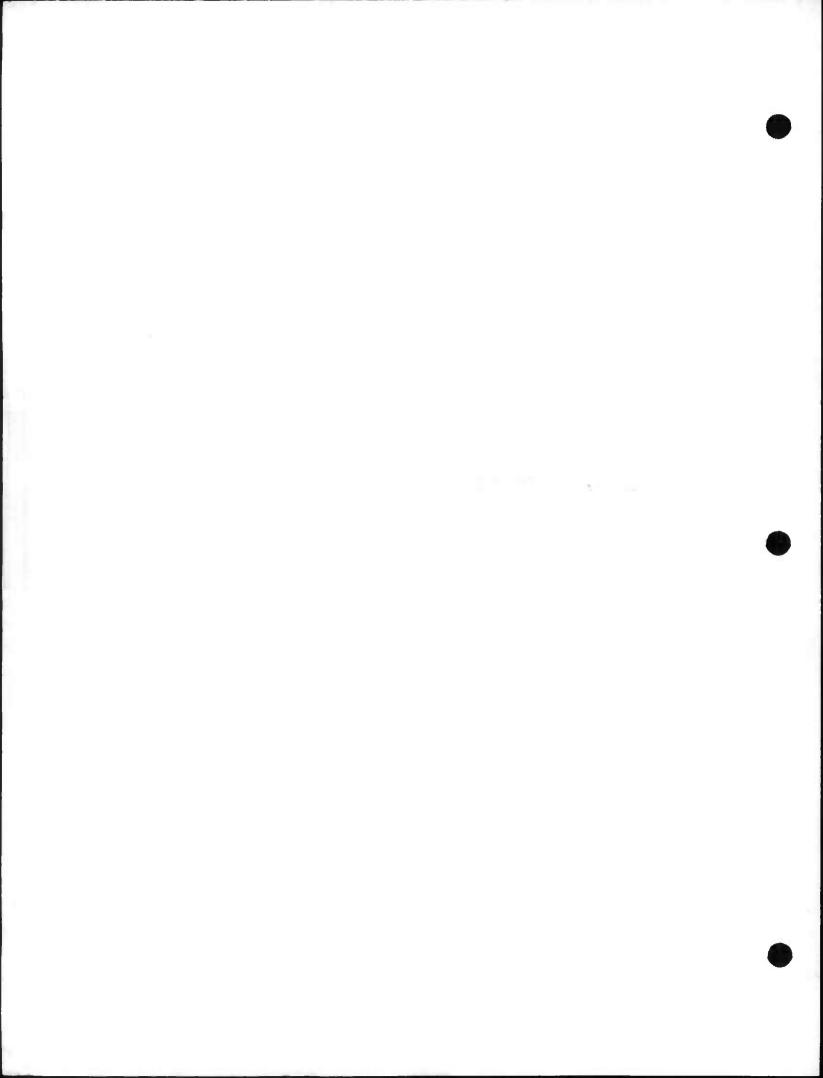
OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS BY BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DA ATTENDING PHYSICIAN: The task records that the second physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should IMPORTANT: If Item 28 is marked, or item 23 is marked. ist be notified at once.

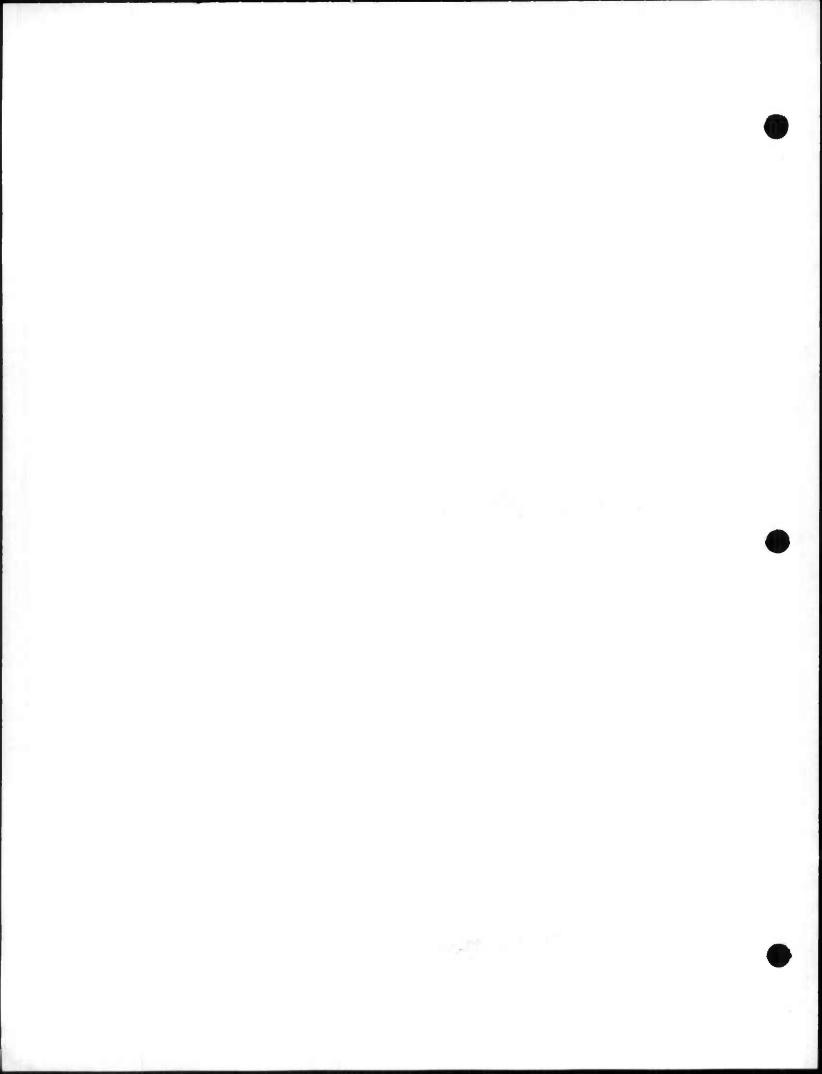
	E
ij.	examiner
or remova	medical
cremation,	vent, the
iled within 72 hours after death with the State Drive of Hearth and Mercal Highers prior to burial, cremation, or removal.	*ORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
Il Hygiene p	or other
and Ments	ny injury,
of Health	shows a
ă	23
Stat	le.
the	9
death with	marked
after	28 1
2 hours	f Item
led within 7.	ORTANT: If It

	1 - STATE REGISTRAR	STATE OF MAF	RYLAND / DEPAI CERTIF	RTMENT OF		MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS	(NMN)			TORE	2. DATE MONTO	OF DEATN	AY YEA		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE	22 OF BIRTN	1993	6:45 PM	
	152-24-0786	1 X M 2 F	55 YRS.	MONTHS DAYS	HOURS MIN.	08	, Day, Year) /01/3	37 Florida		
R	99. FACILITY NAME (If not institution, give street end number) 99. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF D OCEAN CITY WORCES									
5	RESIDENCE OF DECEDENT							WORCE	ESTER	
E	10a. STATE 10b. COUNT		10c. Cl	TY, TOWN OR LOCA					10d, INSIDE CITY LIMITS?	
רם	Maryland Wo	rcester		1.	Ocean (ity			1 YES 2 NO	
ERA	9940 Elm Stree	t Apt 3)	["	2184	'. O			F WHAT COUNTRY?	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN	7 (Specify Ye	US or No — 14. R	ACE — American Indian.	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 X Divorced	FORCES? 1 [X] 1	PR DATES		pecify Cuben, Mexico S 2 X NO Specif		Rican, etc.)		beck, White, etc. White	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. OECEDENT'S	USUAL OCCUPAT	ON	16b.	KIND OF BU	SINESS/INOUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life, Do NOT	work done during me se retired.)	ost of working					
MP	12th Grade 17. FATHER'S NAME (First, Middle, Last)		Boat	Capta				erman		
		atono Ti	_		16. MOTHER'S NA			11.00		
BE	Samuel So	ortore, Jr	10h MAR ING	ADDRESS (Street	and Number or Rural	Car	olyn	Bentle	У	
2	Christina Sort	ore			ywine F	h 0	1n+02	5 West	Palm Beach	
	20e. METHOD OF DISPOSITION 1 □ Burlet 2 12 Cremetion 3 □ Rem		20b. PLACE AND DATE	OF DISPOSITION (A		OATI	20c. LO	CATION — City or	ida 33409 Town, State	
	4 Donation 5 D Other (Specify)		Metro Cre	matory,	Inc.	4/24	Ba	ltimore.	, MD	
	21, SIGNATURE OF SUNERAL SERVICE CO	ENGTH THE			ND ADDRESS OF FA	CILITY				
	George E. Ma	cNabb		299 1	rederick	Road	d Balt	imore.	MD 21228	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	equiting in death) a. Cipallogis & Rever with compliant one Due to (or as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
AL C	PART II. Other aignificent condition	a contributing to deat	th but not resulting	In the underlyin	g cause given in	Part i.	24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
2					· Chemical · Chamilton		PERFOR	MEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDIC							PANNI		OF DEATH?	
AN	25. WAS CASE REFERRED TO MEDICAL									
Sici	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/	Outpetlant 2 DOA	OTHER:	LACE OF DEATH (Ch					
PHY	27. MANNER OF OEATH	28e. DATE OF INJU (Month, Day, Ye.	RY 26b, TIN	E OF 28c. IN	NA 5 X Rasidence			NJURY OCCUREO		
BY	1 Natural 5 Pending 2 Accident Investigation		URY — At home, ferm,	M 1 🗆	YES 2 NO					
TED	3 Suicide e Could not be determined	building, etc. (Specify)	street, factory, offic	•		ATION (Street of Town, State)	and Number or Run	il Route Number,	
COMPLETED		CIAN: To the best of my k							e(s) end manner ee stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Mayer			O.C.M	MBER		29d, DATE SIGN	EO (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH MARYS MAP A. KORE		OEATH (ITEM 27) (Type 11 Penn		, Balti	more	, Ma:	ryland	21201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE							
	APR 26 1993	A King	Participal Control	*					OHAM 46 Day 1/86	



BALTIMORE, MARYLAND 21215-0020	may be retained by the hospital or attending physician.	tor, page 5 should be detached for the main mal-transit permit. Pages 1, 2, 3 should	ust be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for what man all-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First									2. DATE MONTH	OF DEATH	AV	YEAR	3. TIME OF DEATH
	Alice E. S									Apri		8, 19	93	рм
		SEH	5. SEX	8. AGE (In yrs. In		IF UNDER	DAYS	HOURS	MIN.	(Month	Dey, Year)		6. BIRTH Countr	IPLACE (State or Foreign
	363-62-2869 9a. FACILITY NAME (If not in	setitution olim		8	6 YRS.			1111			6, 1	7		land
E.	Colton Villa		street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							
5	RESIDENCE OF DEC	EDENT				Há	ager	stown	1			Was	hing	ton
DIRECTOR	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	Y, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
	PA.	Fran	<u>klin</u>		Me	cers	sbur	g						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER						"	f. ZIP COD	_			10g. CITIZ	ZEN OF V	VHAT COUNTRY?
N.	12153 Sylvar	Driv	12. WAS DECEDEN	T EVED BY U.S. A	24450	1		17236				USA		
	1 Never Married 2		FORCES? 1	YES 2 X	NO		If yea, sp	ecify Cuba	n, Mexica	in, Puerto R	(Specify Yes ican, atc.)	or No-	Black	— American Indian, c, White, atc.
BY BY	3 🖔 Widowed 4 🗌 Divo	rced	1. 1.20, 6.72	THE ON THE STATES			1 165	2 X NO	Specify	y:			Speci	White
P	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)	16a, Di	ECEDENT'S Give kind of a. Do NOT u	USUAL O	CCUPATIO	ON ost of working	na .	16b.	KIND OF BUS	SINESS/INDI	USTRY	***************************************
COMPLET	Elementary/Secondary (0	-12)	College (1-4 or 5	•)					-					
WC	17. FATHER'S NAME (First, M	iddle (nst)			Homer	naker								
Ö	John E. Colt										iddle, Maiden	Surname)		
) BE	19a. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS	S (Street a	ral	nie	Route Numb	or, City or Town	State 7in	Code1	
5	Robert Swain	1									burg,			236
	20a. METHOD OF DISPOSITI		oval from Stala	20h PLACE	ANDDATE	DEDICEDOS	STION /A	ann of			00-10			
	4 Donation 5 Other	(Specify)		Stone	brid	ge Ce	mete	ery	04/2	21/93	Hand	cock,	Mary	land
1	21. SIGNATURE OF UNEITAI	SERVICE DE	CENSEE	1		22.	NAME AN	O ADORES	SS OF FAC	CILITY				
	Grove F.H.141 W.Main St.P.O.Box 368 Hancock,MD. 21750													
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart fellure. List only one cause on each line. Approximate interval Retween													
i	IMMEDIATE CAUSE (Fine) Onset and Dear										Onset and Death			
	resulting in death)	→	S. DUE TO	(OR AS A CONSE	OUENCE O	D.	C	HE						
z				(On AS A CONSE	GOENCE O	7).	A	3 cv	\sim					
CERTIFICATION	Sequentially list conditi if any, leading to immed		DUE TO	(OR AS A CONSE	QUENCE O	F):		,						
ICA	cause. Enter UNDERLYii CAUSE (Disease or inju		C											
E	that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	QUENCE OF	ት) :								
E I			d											-
	PART II. Other significed	nt condition	s contributing to	deeth but not r	esuiting	n the un	derlying	ceuse g	iven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	an Re	~~	Innon	aines		- su	en	-			PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
N N										_			- 1	1 YES 2 NO
AN	25 340 0105 2555222													
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF DE	ATH (Che	ick only one				
¥	27. MANNER OF OEATH		1 Inpatient 2 I		28b. TIM		18c. INJU		sidence	6 Other				
ВУР		ending nvestigation	(Month, Da		INJ	URY	WO		NO	200. DESC	RIBE HOW IN	JURY OCCI	JREO	
	3 Sudadda	Could not be	26a. PLACE Of	INJURY — At ho	me, ferm, s	treet, facto				28f. LOCAT	ION (Street a	nd Number o	r Aural A	oute Number,
COMPLETED	4 Homicide	latermined	ballang, i	ater (opecity)						City or	Town, State)			
PL	29a. CERTIFIER (Check only	FYING PHYSI	CIAN: To the beat of	my knowledge, de	ath occurre	d at the Ji	me, data	and place,	and due	to the caus	e(a) end man	ner an atate	d.	
Š.														and manner as stated.
m II	29b. SIGNATURE AND TITLE							29c. LICE	NSE NUM	BER		29d. DATE	SIGNED	'Month, Day, Year)
10 B				up				D	Pol	19				9.53
-	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)							-	
	31: DATE-FILED (Month Day V	har)	A 32 ACCIOTE L	PA GIONATION										
	APR 2 199	3	A. STANGISTRAN	hande										



BOX 68760,

DIVISION OF VITAL RECORDS, P.O.

ansit permit. Pages 1, 2, 3 should

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medical examiner

the

event,

traumatic

or other

shows any

23

-

marked,

28 is

COMPLETED

2

3 Suicide

been signed by the attending physician and completely filled in by the it, of Health and Mental Hygiene prior to burial, cremation, or removal. this certificate has be with the State Dept. After 1 OIRECTOR: / TO THE HOSPITAL OR AT TO THE FUNERAL OIRECT be filed within 72 hours a IMPORTANT: If Item 2

93 11907 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Julia SCHMILCHUK 04 1993 6:05P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 216 60 4939 DAYS 1 M 2 X HOURS 89 YRS. April 14 ,1904 Russia 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctor's Hospital DIRECTOR Lanham Prince Georges RESIDENCE OF DECEDENT Prince Georges Maryland 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Lanham 1 YES 2 HO BY FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7611 Newburg Drive 20706 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 3 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Pt 1 ☐ YES 2 ☑ NO Specify: Specify: 3 Widowed 4 Divorced Caucasian COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maider Surname) Jaime Kaminsky BE Rajila Toker 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 9 Norma Hofberg Same address as #10 DATE 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

1

S Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of ery, crematory or other place)
Judean Memorial Gdns Olney, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate hock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition (my resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediata DUE TO OR AS A CONSEQUENCE OF cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES ALXNO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident

29s. CERTIFIER KIX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 23

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

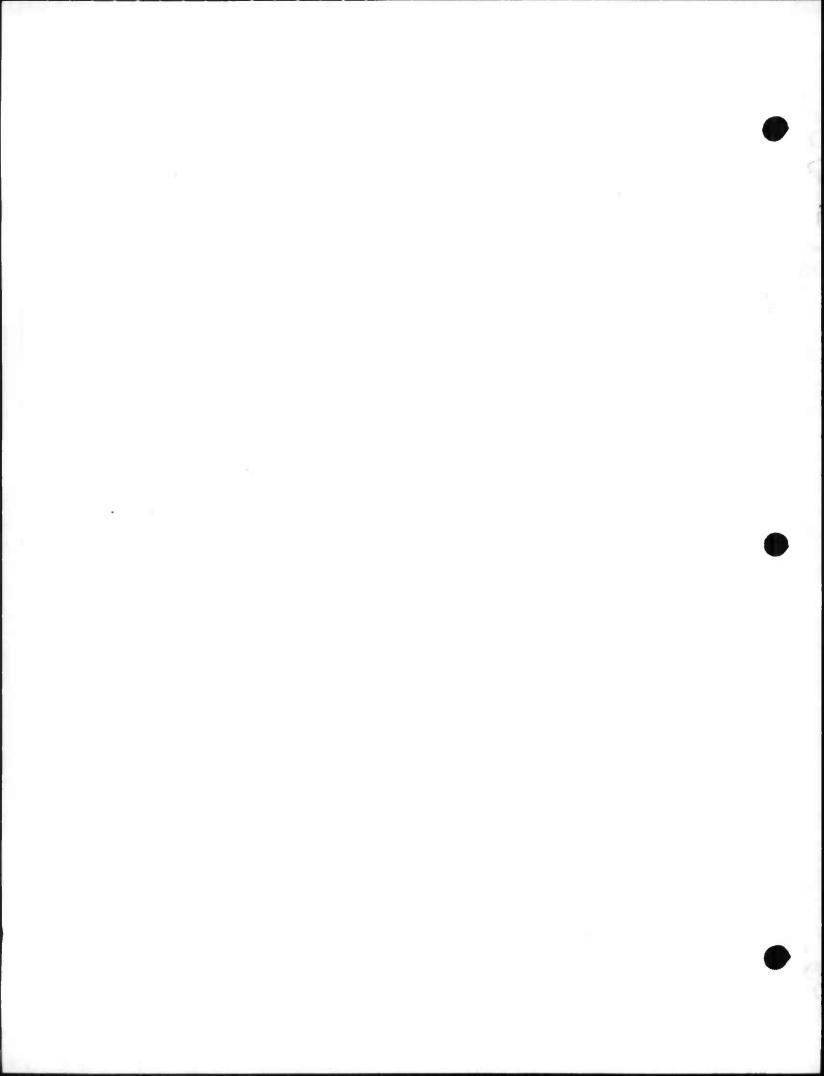
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ANNAPOLIS Rd YADLA 9470 m D

31. DATE FILED (Month, Day, Year)
APR 27 1993 32. REGISTRAR'S SIGNATURE

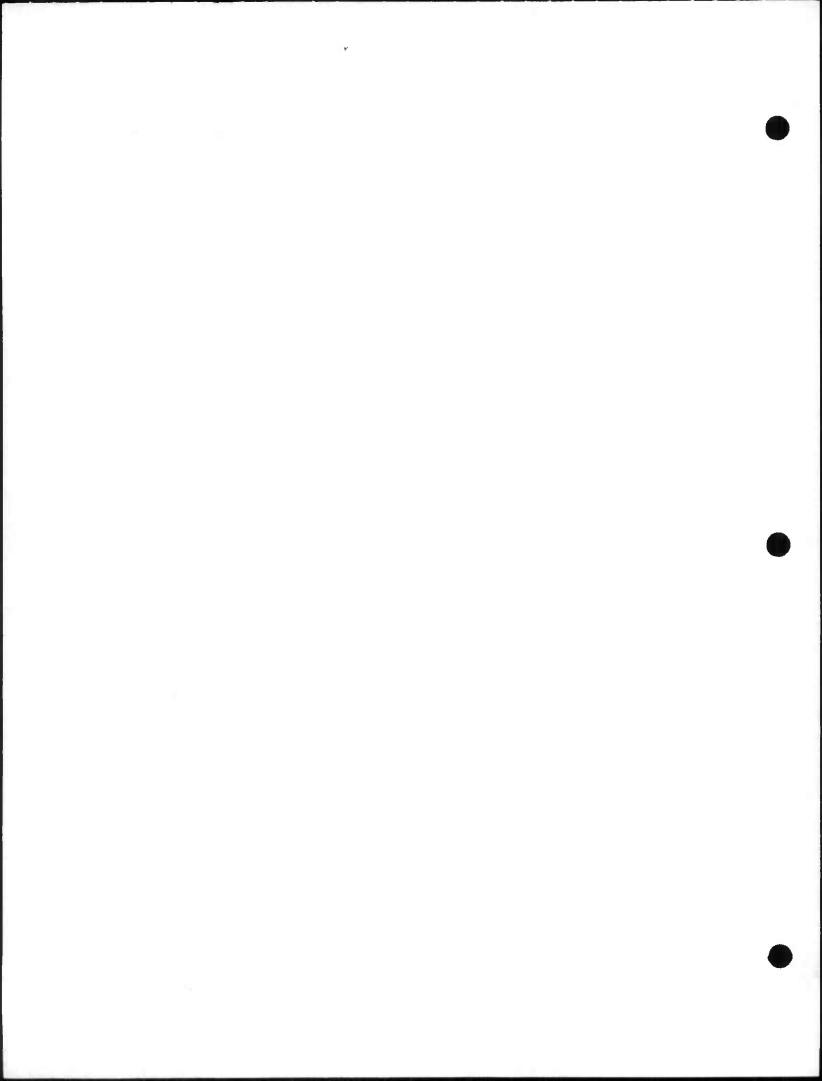
8 Could not be

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)



a manufactured and a second and	their bounds are burial-transit permit. Pages 1.2.3 should)
	uneral director, page 5 should be deta-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova.	IMPORTANT: If Item 28 is marked or Item 23 shows any lighter resumable event the medical marked or Item 23 shows any lighter resumable event the medical marked or Item 23 shows any lighter resumable event the medical marked or Item 23 shows any lighter resumable event the medical marked or Item 23 shows any lighter than 25 shows and lighter than 25 shows

	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT O				NTAL HYGIEN		3 11300	
	1. DECEDENT'S NAME (First, Middle, (inst)	Eliza	beth, L.	1		OF D	CAIII		REG. NO DATE OF DEATH MONTH 4-26-7		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 2/3-36-7588	5. SEX 1	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1 Y		UNDER 24 H		DATE OF BIRTH (Month, Day, Year) 10-14-		BIRTHPLACE (State or Foreign Country) ManyLand	
Œ	9a. FACILITY NAME (If not institution, give st	ALC: USE	, ,,		96. CITY, TO					9c. COUNTY OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	y Genera	al HOA				nis	ter		La	nnoll	
DIR.	Md.	Canno.	11	10c, CIT	ry, town on i		üll	e			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 本 NO	
FUNERAL	100. STREET AND NUMBER 1241 Canterbur	ry Dr.	<u> </u>			10f. ZIP					in of what country? S. A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 🔀 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. AR I YES 2 X N	IMED NO	It ye	s, specify	Cuben, M	laxican, P	ORIGIN? (Specify Year uarto Rican, atc.)		4. RACE – American Indian, Black, Whita, atc. Specify: White	
ETE	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	ECEDENT'S Silve kind of Do NOT us	WORK done during	PATION ng most of	working		16b, KIND OF BUS	SINESS/INDUS	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +	+)		maken					Home		
BE CO	17. FATHER'S NAME (First, Middle, Leet) Adam Hentnich	ż				10.	MOTHER	s name	(First, Middle, Maiden 2 rine S	Surnamo) Bue	ttnen	
10	190. INFORMANT'S NAME (Type/Print) = Mrs. Audrey B.	Sahan	_ <u>L</u>	6. MAILING					Number, City or Tow			
	20a. METHOD OF DISPOSITION		20h BLACE	ANDOATE	OF DISPOSITIO	M /Alamaa			2477 227 10	0471001 014	, Md, 21784 by or Town, State	
	1 (X Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 1 State 2 Complete											
	Epdy I Sm	uth			#a	rtl	ey M	lill	er Fune	eral.	Home MD 2/22/1	
	23. PART I Enter the diseases, or consistence. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Lat only one cau	OU'OO	lhi	not enter the	mode o	of dying,	such e	cardisc or respi	ratory sires	Approximats Interval Batween Onset and Death	
NO	Sequentielly list conditions,	. Can	OU CLC	DUENCE O	Why	14/	mi	Wa)			
CATI	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Pu	lmon	1004	UE	201	em	a				
CERTIFICATION	that initiated events resulting in death) LAST	s. Due to	COR AS A CONSECUTE	OUENCE OF	ocar	di	2/	ing	farch	Oh	2h	
MEDICAL	PART II. Other significant conditions SIL VI CLUT SILVE	contributing to	death but not not not not not not not not not no	sulting SPU	in the under	lying car Poti	nuse give	n In Par	t i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE	OF DEATH	H (Check	only one)			
HYS	1 TYES 2 NO 27. MANNER OF DEATH		ER/Outpatient 3	26b. TIM	4 Nursing	. INJURY			Other (Specify)	a story OCCUI	DEA	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	Months D	**************************************	INJ	JURY	WORK?	2 NO		u. buquinuu iiei	130n1 0000.	REO	
E	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE Of building,	F INJURY — At horate. (Specify)	me, farm, s	street, factory,	offica		26	t. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,	
COMPLET	29a. CERTIFIER (Check only 1 X CERTIFYING PHYSIC										ause(a) and manner as stated.	
BE	and the state of the conception	6. Who	reler,	M.	Ώ.	290	LICENSE	NUMBER	1	29d. DATE \$	IGNEO (Month, Day, Year)	
2	COLO CONNE	LACHEL	Pal h	OSL	"tal	1					000 12	
À	31. DATE FILEO (Month, Day, Year)	12. REGISTRA	TS SIGNATURE	0								



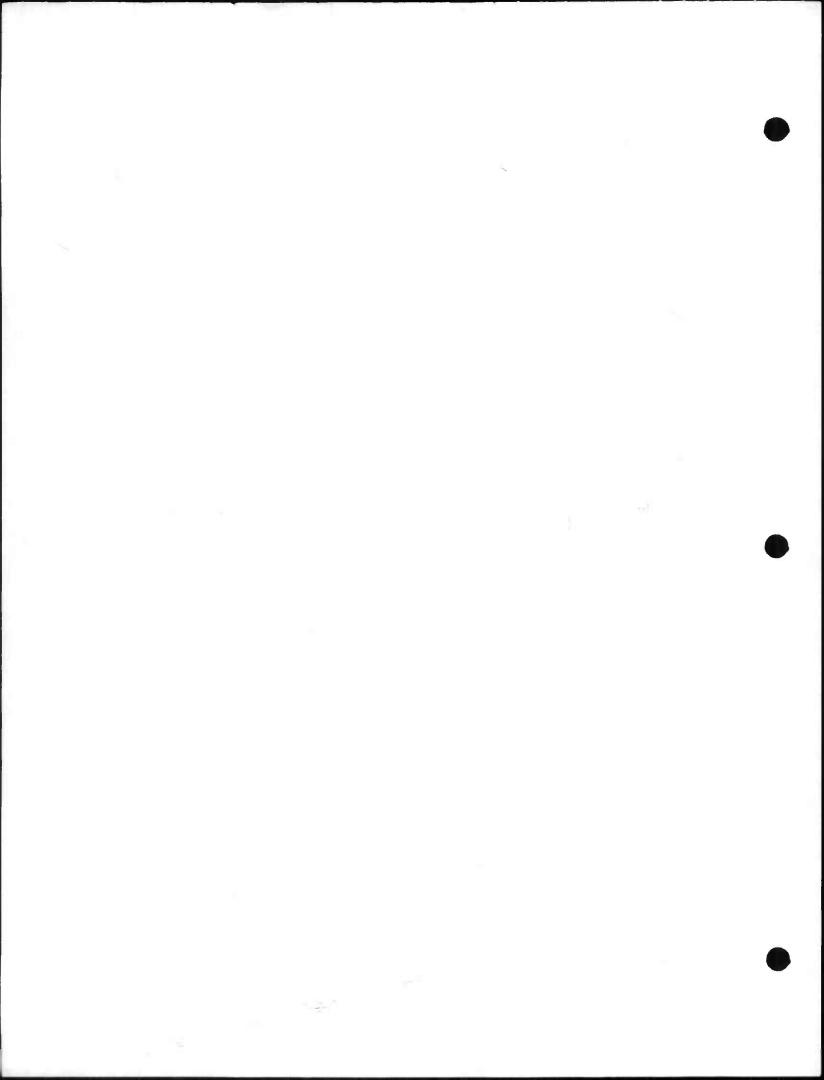
TO BE COMPLETED BY ELINERAL DIBECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	۱E
		C	ERTIFICATE	0	F DEAT	TH		DEC NO	

	1 - FOR REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last)			OI DEAIL	2. DATE OF DEATH	<i>y</i> .	3. TIME OF DEATH
	Harriet	Elizabeth	Story			, 1993	10:30 p M
ą.	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IDER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign
1	450-16-0927	1 □ M 2 🗷 F 73	YRS. MONT	HE DAYS HOURS MIN.	August 23,		exas
	9e. FACILITY NAME (If not institution, give a	itreet and number)	9b. 0	TY, TOWN OR LOCATION OF		9c. COUNTY OF	
5	1324 Willow Spri	ng Road	Ca	tonsville		Baltim	ore
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ν	I so CITY TOW	/N OR LOCATION			
	Texas Vict	oria	Victor				10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	OI I a	VICTOR	10f. ZIP CODE		I 10a CITIZEN OF	1 YES 2 NO
	908 East Crestwoo	d Road		77901		log. CITIZEN OF	U.S.A.
	11. MARITAL STATUS	12. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	a or No — 14. 8A	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO ATES	Il yes, specify Cuban, Mexi	cen, Puerto Rican, atc.)	Bla	ock, While, etc.
	3 Widowed 4 Divorced						White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Give kind of work do	ne during most of working	16b. KIND OF BU	ISINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	lite. Do NOT use retire				
	17. FATHER'S NAME (First, Middle, Last)		Bookkeeper			aping Ser	rvice
	Henry Behn McDowe	11			NAME (First, Middle, Melder	,	
	19a. INFORMANT'S NAME (Type/Print)	11	19b. MAILING ADOR	Fannie ESS (Street and Number or Run	Mae (Tray		
	Ernest R. Story J	r. (son)		low Spring R			-11 01000
	20s. METHOD OF DISPOSITION	20b	PLACE AND DATE OF DIS	POSITION /Name of		CATION - City or	
1	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	SU	NSET MEMOR	LAL PARK 4	/28/93 S	AN ANTON	IO, TEXAS
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF I	FACILITY		
ì	1/4 /aig /	1 take 1	1	Leroy M. & Ri	ussell C. V	Vitzke Fu	neral Home
	23. PART I. Enter the diseases or o	complications that caused	the death. Do not an	1630 Edmonds of the mode of dying, su	ich sa cardiac or reap	onsville	Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on e	sch line.				Interval Between Onset and Death
1	disesse or condition resulting in death)	· March	1-1901	entre Fa	Luca -		7
		DUE TO (OR AS A	CONSEQUENCE (F):				
	Sequentially list conditions,	o. Thela	Stale	colon Co colon Co vidos prea	1 central	9	> 2415.
	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):		0 G. A		
	CAUSE (Disease or Injury that initiated events	C DUE TO (OR AS A	CONSEQUENCE OF):	en dos prea	a mero	rlass	
	resulting in death) LAST	4					
	BART II. Other cloudings as and distance						
	PART II. Other significant condition	a contributing to death b	ut not resulting in the	underlying cause given in	n Part I. 24s. WAS AP PERFO	225	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
I					1 🗆 YES	2 7 100	OF DEATH?
ı							1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH			
	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outp	oTH	ER:			
	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Tesidence	28d. DESCRIBE HOW	INJURY OCCURED	
ł	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street,	actory, office	28I. LOCATION (Street	and Number or Rure	Route Number,
	4 Homicide determined		,		City or Town, State		
	29e. CERTIFIER (Check only	CIAN: To the best of my knowl	edge, death occurred at th	e lime, date and place, end du	re to the cause(s) and me	nner as stated.	
		R: On the basis of examination					(s) and manner as stated.
ı	296. SIGNATURE AND TITLE OF CENTIFUE	1//		29c. LICENSE NO	JMBER	29d. DATE SIGNE	D (Month, Day, Year)
ı	7./	-/ m		101	(12-1)	D 4/	26/53
ı	30. NAME AND ADDRESS OF PERSON WHI	O GOMPLETED CAUSE OF DEA			<u> </u>	-/	7,7
	CLAL	20 4. 6		an Mo			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE				
	APR 2 7 1993	give vandon	Moulder				
		•	4				DHMH-16 Rev 1/89

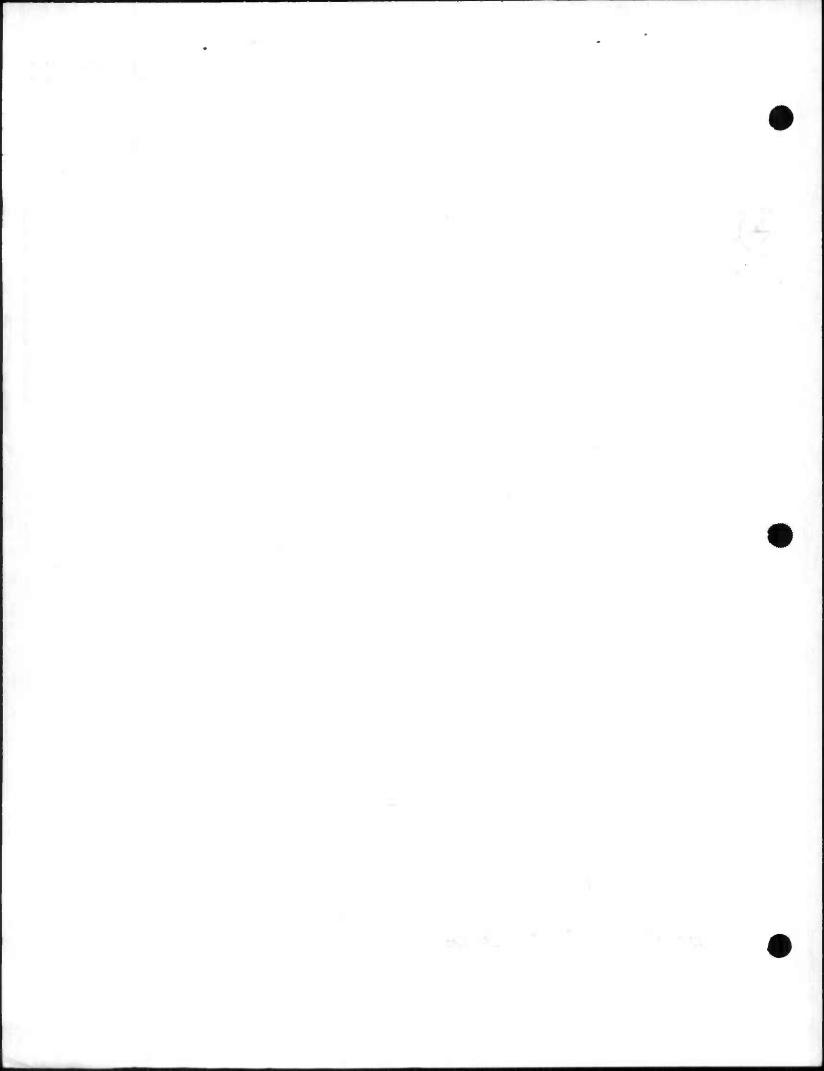


FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR	RTMENT OF I		MENTA
DECEDENT'S P' ME (First, Mic MARY	ELIZABETH	SNYDER		· ·	2. DAT
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT	OF H	EALTH	AND	MENTAL HYG				
		ZABETH SNYDE	R					2. DATE OF DEAT APRIL 25		YEAR	3. TIME OF DEATH 4PM M	
			yrs. lesi birthday) 5 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTI	1907	8. BIRTH Count	NPLACE (State or Foreign (TV))	
LOR	9a. FACILITY NAME (If not institution, give stre MERIDIAN NURSING		'AGE	9b. CITY,	TOWN O	R LOCATIO	ON OF DI		9c. COL	UNTY OF D		
DIRECTOR	MD BALTIM	ORE		y, town o	R LOCAT	ION				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 7232 GERMAN HILL R	OAD				ZIP CODE 2122				USA	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black							E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ATION ornpleted) College (1-4 or 5 +)	16s. DECEOENT'S (Give kind of w life. Do NOT us HOMEMA)	vork done d e retired.)	CCUPATIO during mos	IN SI of workin	g	166. KIND OF	F BUSINESS/IN	DUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Lest) GEORGE STEWART	1				18. MOTH	IER'S NA	ME (First, Middle, Ma	alden Surname)			
5	GLORIA ISENSEE		19b. MAILING	ADDRESS	(Street er	nd Number	or Rural i	Route Number, City o	r Town, State, Zi	io Code)		
	20a. METHOD QE DISPOSITION 1	ral from State	PLACE AND DATE OF					4/27/93	c. LOCATION BAL	TIMO		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				D ADDRES		AD BALTI	EL FUN			
CERTIFICATION	indices or condition — List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition — a. CARDIO PULMOMARY ARREST DUE TO (OR AS A CONSEQUENCE OF):								Approximate interval Between Onset and Death			
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions ALZHEIMER! HYPERTENS	contributing to death but	t not resulting in					Part I. 24a. WA	S AN AUTOPSY RFORMED? ES 2 NO	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
SICIA		HOSPITAL:	lent 3 [] DOA	ОТНЕВ	۳.			sck only one) 6 Other (Specify)				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJE	E OF URY M	26c. INJU WOF 1 Y	IRY AT RK? ES 2		26d. OESCRIBE H		CURED		
ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY - building, atc. (Specify	1)					281. LOCATION (St City or Town, S	State)		Route Number,	
COMPLETED		AN: To the best of my knowled On the basis of examination a									e) end manner ee stated.	
TO BE	Pavidu & Ju					29c. LICE	271	-			(Month, Day, Year) 6-93	
	DR . SAVINDER JULK 31. DATE FILED (Month, Day, Year)	A MD. ZMARK	ET PLAC		NDAL.	K MD	XXXX	X X 2122	22			
	APR 27 1993	32 BEGISTRAR'S SIGNAT	lett									

E	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STRAR	CERTIFICATE OF DEATH REG. NO

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTA	AL HYGIENE REG. NO.	20	11211	
	1. DEXECTORY SAME OF THE TOTAL	QUIRINO SC	URTI			MONT	OF DEATH	YEAR	3. TIME OF DEATH 4:20 PM M	
	4. SOCIAL SECURITY NUMBER 213-07-4345			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		of Birth	Count	HPLACE (State or Foreign try)	
TOR	98. FACILITY NAME (If not institution, give s GREENERY EXTENDE RESIDENCE OF DECEDENT			BALTIM	ORE MD	DEATH		TTY	DEATH	
DIRECTOR	10e. STATE 10b. COUNTY	'IMORE		GSVILL				10d. INSIDE CITY LIMITS? X 1 YES 2 NO		
IERAL	10a. STREET AND NUMBER 7309 MT VISTA ROA	.D			1. ZIP CODE 21087			10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	CENDENT OF HISPA Hecify Cuben, Mexic XXX NO Speci	an, Puerto	N? (Specify Yee or No— Rican, atc.)	Blac	E — American Indian, k, White, atc. //y: WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the. Do NOT use retired.) MILLWRIGHT 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the. Do NOT use retired.) MILLWRIGHT 16b. KIND OF BUSINESS/INDUSTRY BETHELEM STEEL 17. FATHER'S NAME (First, Middle, Last) FD A N/CFS CO SCUIDTT 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the. Do NOT use retired.) MILLWRIGHT 16b. KIND OF BUSINESS/INDUSTRY BETHELEM STEEL 17. FATHER'S NAME (First, Middle, Maiden Surname) DOS AT TE DED EFTIT										
BE CO	17. FATHER'S NAME (First, Middle, Lest) FRANCESCO SCURTI				ROSALI	E PEF				
TO	190. INFORMANT'S NAME (Type/Print) FRANK SCURTI		7309 M	DDRESS (Street IT. VIS	I'A RD KI	NGSV]	ber, City or Rown, State, 2 ILLE MD 21	087		
	20 METHOD OF DISPOSITION 1-A Burtal 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE AND DATE OF	REAL G	ARDEND	4/2	7/93 BEL	AIR	own, State	
	21. SIGNATURE OF FUNERAL SERVICE US	Dond	L	7110	BELAIR	ROAD	IPPEL FUNE BALTIMORE	RAL I	HOME 21206	
CERTIFICATION	Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock, or heart failure. List only and cause on each line. Approximate shock or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only and cause or heart failure. List only an									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to death but	t not resulting in	the underlyin	g cause given in	Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	7 24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 □ Inpatient 2 □ ER/Outpat	27.00.		ACE OF DEATH (C					
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN.	URY AT		F (Specify) SCRIBE HOW INJURY OF	CCURED		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, atc. (Specify	- At home, farm, stre	M 1	7.74	26f. LOC City	ATION (Street end Number or Town, Stete)	er or Rural I	Route Number,	
COMPLETED		CIAN: To the best of my knowled								
H	29b. SIGNATURE AND TITLE OF CONTIFIER	a: On the bade of examination of	ry	т пу оршоп, с	29c. LICENSE NU				(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pr	int) TTEV	LJEC					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT								



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit on	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPART	MENT OF H	EALTH AND DEATH	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	Ja	mes Howard Taylo	or, S	r.		April 2	4 19	93	8:45 -P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPI	LACE (State or Foreign
	227-07-1887	1 🕅 M 2 □ F 78	YRS.	ONTHS DAYS	HOURS MIN.	Feb. 13, 19	15	Vir	ginia
	9e. FACILITY NAME (If not institution, give stre	et and number)	9	b. CITY, TOWN O	R LOCATION OF D			NTY OF DEA	
DIRECTOR	2208 Brookhaven	Court		Fai	llston		H.	arfor	d
رع	RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY							22101	<u> </u>
2				TOWN OR LOCATI	ION			1	IOd, INSIDE CITY LIMITS?
		rford	Fa	allston				1	YES 2XXNO
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CIT	ZEN OF WH	IAT COUNTRY?
W.	2208 Brookhaven				21047		U	·S.A.	
E	11. MARITAL STATUS 1 Nover Married 2 X Married	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO	ED	13. WAS DECE	NDENT OF HISPAI	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No—	14. RACE -	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif		- 1	Specify	
	15. DECEDENT'S EDUCA	WW II	SDENTIS LI	NAL COCURATION		Brown or a reserve			white
=	(Specify only highest grade or	ompleted) (Give	e kind of wor Do NOT use i	BUAL OCCUPATION Rk done during most retired.)	n it of working	16b. KIND OF BUS	INESS/INE	JUSTRY	
2	N/A	N/A		Miner		Co	-1 M	f	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11/21	COAT	MINEL	18 MOTHER'S NA	ME (First, Middle, Maiden	al M:	rne	
	Thomas J. Taylor					Lou Kate			
BE	19a. INFORMANT'S NAME (Type/Print)	196.	MAILING A	DORESS (Street or		Route Number, City or Town			
5	Gladys H. Taylor					t, Fallston			3.4.7
	1 ½ Burial 2 ☐ Cremation 3 ☐ Removal from State cemetery, crematory or other place)								
	21. SIGNATURE OF FUNERAL SERVICE UCENSEE 22. NAME AND ADDRESS OF FACILITY								
	Schimunek Funeral Homes, Inc. 9705 Belair Road, Baltimore, MD 21236								
	23. PART I. Enter the disesses, of co	mplications that caused the daa	th. Do not	antar the mpd	la of dying, suc	h ss cardiac or respi	ratory arr	rest,	Approximate
	immediate cause (Final	st Dnly one cause on each line.							Interval Between Onset and Death
	disease or condition resulting in death)	Kundrat	m	Fail	h /				00200,000
	resulting in sealth,	DUE TO (OR AS A CONSEOU	JENCE OF):	1 0	1	ng Dis			+
z	C.	Chimile 1	76 (Y	mekr	e for	mes Dis	LAC	10	
일	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSECT	ENCE OF):			8	- 1		
2	CAUSE (Disease or injury c.			Fig. 1					
	that initiated events	QUE TO (OR AS A CONSEQU	JENCE OF):						
CERTIFICATION	resulting in death) LAST								
- 1	PART ii. Other significant conditions	contributing to death but not re-	sulting in	the underlying	cause given in	Part i. 24a. WAS AN	AIITODEV	1 245 11	ERE AUTOPSY FINDINGS
8				anaonymy	onder given in	PERFOR		A	MAILABLE PRIOR TO OMPLETION OF CAUSE
						1 🗆 YES 2	□ NO		F DEATH?
Σ								1	☐ YES 2 ☐ NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL								
ᅙ	EXAMINER?	IOSPITAL:	- 0	THER:	CE OF OEATH (Ch	eck only one)			
۲	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME C			8 Other (Specify)			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WOR	IK?	28d. DESCRIBE HOW IN	JURY OC	CURED	
B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY — At hom	a form stra	1 1 11	ES 2 NO	284 1 00471011 (01	.4.00	2 10	
	4 Homicide determined	building, atc. (Specify)	a, 101111, atro	et, lectory, office		28f. LOCATION (Street a City or Town, State)	na Number	or Hurili Hou	te Number,
<u>.</u>	29e. CERTIFIER								
COMPLETED	(Check only	AN: To the best of my knowledge, deat							
8		On the basis of exemination and/or im	restigation,	in my opinion, de	ath occured at the	time, date and place, and	due to th	e ceuse(a) a	nd manner as stated,
BE	296/SIGNATURE AND TITLE OF CERTIFIER	11100			29c. LICENSE NUN	ABER	29d. DATI	SIGNEO (M	forth, Pay, Year)
	James no m	make mp			DU 16	44	4	120	193
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Pri	int)			-		

Dr. Dante Monakil, 622 S. Union Ave., Havre de Grace, MD

APR 27 1993

31. DATE FILED (Morith, Day, Year)
APR 2 7 1993

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BALTIMORE, MARYLAND 21215-00	age 6 may be retained by the hospital or attending of
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement in the contribution of the	TO THE FUNERAL DIRECTOR: After this certificate has been some for the annual of the completely filled in by the funeral director, page 5 should be detached for use as the		IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	TIEGIOTIAN			CHIL	ICALE	UF	DEALL		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) WAYNE	C Way	ne Cal	vin	Vori	İs		2. DATE			YEAR Q 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	at hirthday)	IF UNDER	• VEAD	IF UNDER 24 HRS.	7. DATE 0	2		12	Z
	213-34-9058	1 X M 2 □ F		YRS.	MONTHS	DAYS	HOURS MIN.	(Month,	Day, Year)		Country	
	9a. FACILITY NAME (If not institution, give si		56		AL AUTH				22/3			yland
œ		· ·			90. CITY,		OR LOCATION OF			9c. COUN	TY OF DE	ATN
5	Sinai Hosp	<u>ltal</u>				B	<u>altimo</u>	re				
Ä	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY
5	Maryland					R	altimo	ro				LIMITS?
A	10e. STREET AND NUMBER					_	. ZIP CODE	1.0	-	10g. CITIZ		HAT COUNTRY?
FUNERAL DIRECTOR	3310 Taney Ro	ad					212	15			USA	\
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. \	MAS DEC	ENDENT OF HISP		(Specify Yes	or No		— American Indian,
	1 XNever Merried 2 Merried	FORCES? 1	YES 2 XI	NO	P	f yes, sp	2 XNO Spe	can, Puerto R	cen, etc.)		Black, Specify	White, atc.
ВУ	3 Widowed 4 Divorced						I (Mile)	uny.				White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S	USUAL OC	CUPATIO	ON st of working	16b.	KIND OF BUS	INESS/INDU		
9	Elementary/Secondary (0-12)	College (1-4 or 5	1/60	. Do NOT us	e retired.)	raing ino	st or working					
WP	12th Grade			Hist	ote	chn(ologis	t	Но	spita	als	
\bar{g}	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First, M	ddle, Maiden	Sumame)		
BE	Roland C	. Voris	Sr.				Li	llian	Leo	na P	itch	ner
2	19a. INFORMANT'S NAME (Type/Print)					(Street a	nd Number or Run	I Route Numbe	r, City or Town	, State, Zip	Code)	
-	Jose L. Migue:			3310	Tar	ney	Road	Balt	imor	e, M	D 2	21215
	20a. METNOD OF DISPOSITION 1 □ Burial 2 M Cremellon 3 □ Remo	oval from State	20b. PLACE	ANDDATE	FDISPOSI	ITION (Na	me of	DATE	20c. LO	CATION - C	Ity or Tow	n, State
	4 Donation 5 Other (Specify)		Metr	o Cr	emat	tor	y,Inc.	4/27	Ba	ltim	ore,	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEML, 7	Le		22.1	NAME AN	ation	SOCI A	tv o	f Md	Tr	10
	George E.	Mac Nah	h		2.0	99	Freder	ick R	d B	alto	MI	21228
	23. PART I. Entar the diseases, or c	omplications the	t caused the da	eth. Do n								Approximata
	anock, or naert failure.	list only one ceu	se on each line) .								Interval Batween
	IMMEDIATE CAUSE (Final disease or condition		ung e	ann	150							Onset and Death
1	reaulting in death)	*	(OR AS A CONSE		-							
-			,		,							
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate		(OR AS A CONSE	OUENCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury											[
틸	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE OF):							
	resulting in death) LAST	l										
- 11	PART II. Other aignificent conditions	Contributing to	death but not r	neultino i	n the un	daelulae	. sausa shua t	- Deat I			T	1
EDICAL	<u> </u>	- contributing to	deedii but iiot i	counting t	ii tire uin	uerrying	cause given i	n Part I.	24a. WAS AN . PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
١									t TYES 2	D NO		COMPLETION OF CAUSE OF DEATH?
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Ä	25. WAS CASE REFERRED TO MEDICAL											
PHYSICIAN: M	EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C	check only one				
ĭ.	1 TYES 2 TAGO 27. MANNER OF DEATH	1 (Inpatient 2					5 🗆 Reeldence	_				
	1 Natural 5 Pending	28e. DATE OF (Month, D		28b. TIME INJ	JRY	28c. INJI WO	RK?	28d. DE\$0	RIBE HOW IN	JURY OCCU	URED	
β	2 Accident Investigation	00. 01.400.0			· ·		ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	buliding,	F INJURY A1 ho etc. (Specify)	me, 1erm, s	treet, facto	ory, office		261, LOCAT	TON (Street a Town, State)	nd Number o	or Rural Ro	ute Number,
<u> </u>												
ᆲ		IAN: To the best of										
4C II	29a. CERTIFIER Check only			Immetication	n, In my op	pinlon, de	eath occured at th	e time, date e	nd place, end	due to the	course(e)	
Š	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER		camination end/or i	in vestigation							cacea(a)	and manner as stated.
E COMPLET	(Check only		camination end/or i				29c. LICENSE NO	JMBER				and manner as stated. Month, Day, Year)
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TO BE COM	(Check only 1 Le CERTIFYING PHYSIC ONe) 2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		SE OF DEATN (ITE	W 27) (Type,			AS 24					
H H	(Check only 1 Let CERTIFYING PHYSIC One) 2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CERTIFIER	i: On the basis of a	SE OF DEATN (ITE									
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after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

detached for use as the burial-transit permit. Pages 1, 2, 3 should

the funeral director, page 5 should be

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the attending physician Mental Hygiene prior to

DIRECTOR: /

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PAUL G. VOTT 1 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign Country) 1 XM 2 - F DAYS HOURS 6-60-6117 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 619 Woodsdale Catonsville Baltimore Co 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 TYES 2 TO NO Catonsville FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Woodsdale Rd.-Catonsville. 21228 11. MARITAL STATUS II. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 NO 14. RACE — American Indian, Black, White, etc. 1 X Never Merried 2 Merried IF YES. GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) N/A Organist Thomas More Church once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Ħ Francis Votta Veronica G. Zelaznicki notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Francis Votta .-Catonsville Md. Woodsdale 2 20a, METHOD OF DISPOSITION
1 ☐ Buriel ②☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must rematory Inc.4+29 etro 4 Donation 5 Other (Specify) Balto Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY 5151 Baltimore National Pike Truman Schwab Baltimore. Md. medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween IMMEDIATE CAUSE (Finel Onset and Death the disease or condition Oxoplasmosis ONebra resulting in death) MU traumatic event, DUE TO (OR AS A CONSEQUENCE OF) 105 MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 After the company is been signed by the after death with the copt, of Health and Mental & marked, or Item 23 shows any Injury, (PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? copac ten 1 TYES 2 NO 1 - YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 -1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME DF 28c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED Naturel 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, stc. (Soechy) 90 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be determined 28 4 Homicide tem COMPL 294, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. MPORTANT: GHATURE AND TITLE OF CERT 29d. DATE SIGNED (Month, Day, BE 28625 4-27 allies 2 OMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 31. DATE FILED (Month, Day, Year)
APR 27 1993 32 DEGISTRAR'S CIGNATURE

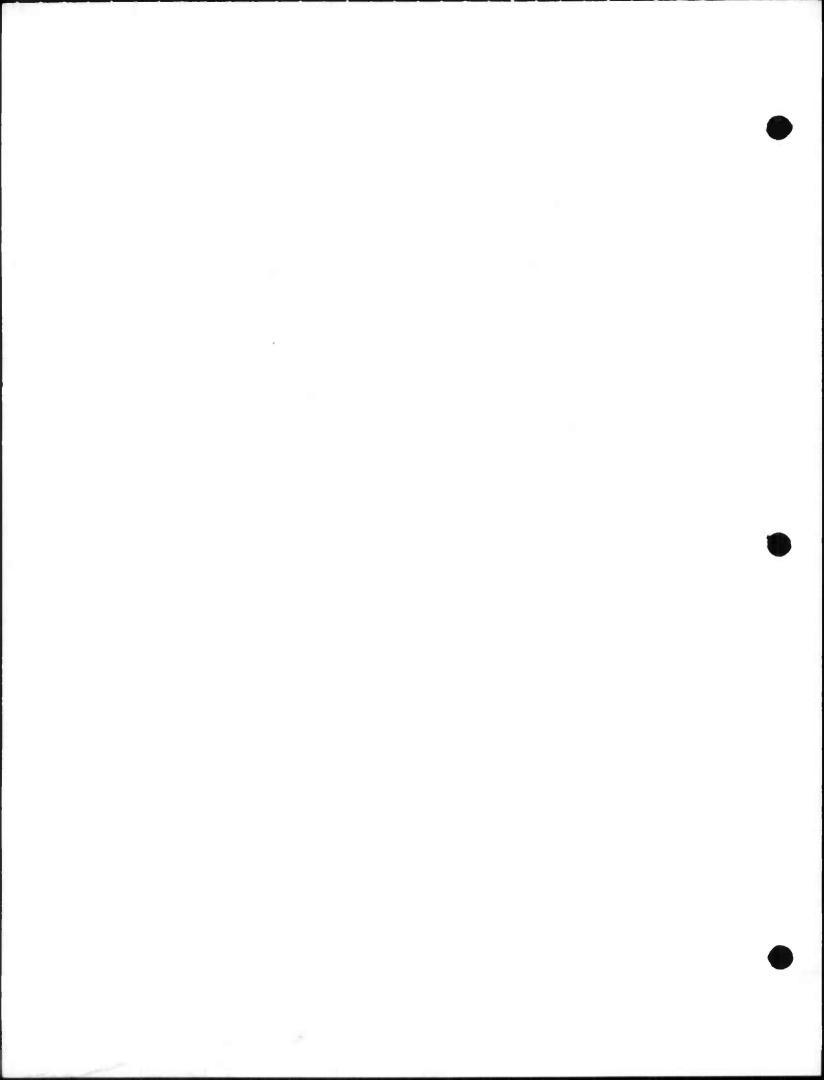
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Mon.	mark part	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending expectations.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the final many many per filed within 72 hours after death with the State Deor. of Health and Mental Hydiene prior to burial cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH I	LEE WIXON				2. DATE OF DEATH		3. TIME OF DEATH 7:50 P.
	0.10 00 ==1.5	5. SEX 6. AGE	(In yrs. last birthday) 71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	922	B. BIRTHPLACE (State or Foreign Coupre)
OR	9a. FACILITY NAME (If not institution, give stre 5600 McCORMICK			96. CITY, TOWN O	R LOCATION OF DE	ATN		TY OF DEATH ALTIMORE
DIRECTOR	10a, STATE 10b, COUNTY			Y, TOWN OR LOCATE BALTIMOR				10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER 4709 BAYONNE A	AVENUE		101,	ZIP CODE 21206			1 X YES 2 ☐ NO EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, spe	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 □ YES 2 P NO Specify: Specify:			4. RACE — American Indian, Black, White, etc.
ETED.	15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATION work done during mos se retired.)	N at of working	16b. KIND OF BUS	SINESS/INDU	STRY
COMPL	N/A 17. FATHER'S NAME (First, Middle, Last)	N/A	COMPUTE	R SUPERV		FEDER	RAL GO	V'T
BE C	ZEB NESTER				MYRTLE	LEE HARRI	ELSON	
5	DARLENE LAN ZOTTI	(DAUGHTER)	5600	McCORMI	Number or Rural F	Route Number, City or Tow JE, BALTIM	DRE, M	ARYLAND 21206
	20a. METHOD OF DISPOSITION 120 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of CARDENS OF FATTH CEMETERY 4/27 BALTIMORE, MD.						ty or Town, State RE, MD.	
	21. SIGNATURE OF FUNERAL, SERVICE LICE	NSEE		SCHI		INERAL HOME		e, Md. 21213
	23. PART i. Enter the diseases, or co ahock, or heert fellure. Li	mplicatione that cause	d the deeth. Do i	not enter the mod		an nording or social	retons error	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Deale	eech line.				-	Interval Between Onset and Death
LIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	7:		Sever	-	Interval Between Onset and Death
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MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Contributing to deeth	A CONSEQUENCE OF A CONS	F):	Ceuse given in a	Severillo 24a, WAS AN PERFOR 1 VES 2	AUTOPSY IMED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTributing to deeth Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONS	28. PLA OTHER: 40 T HER: 4	Ceuse given in it	Part I. 24a. WAS AN PERFOR 1 VES 2 1 VES 2 26d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State)	AUTOPSY MED? NO NJURY OCCU Ind Number or siner ee stated d due to the o	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED RURAL Route Number, Cause(s) and menner as stated. SIGNEO (Month, Day, Year)
E COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS CONTRIBUTED (OR AS) DUE TO (OR AS)	A CONSEQUENCE OF A CONS	The underlying 28. PLA OTHER: 4 Name of the lime, dete end, in my opinion, determined by the lime, determined at the filme, determined at the	Ceuse given in a ceuse	Part I. 24a. WAS AN PERFOR 1 VES 2 1 VES 2 26d. DESCRIBE HOW IN City or Town, State) to the cause(s) and mentime, date and piece, and BER	AUTOPSY MED? NO NJURY OCCU Ind Number or siner ee stated d due to the e	Interval Between Onset and Death Onset and Death Death Death Death Death Death Death Death Death Death Death? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, Cause(e) and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	OUE TO (OR AS DUE TO	A CONSEQUENCE OF A CONS	The underlying 28. PLA OTHER: 4 Name of the lime, dete end, in my opinion, determined by the lime, determined at the filme, determined at the	Ceuse given in a ceuse	Part I. 24a. WAS AN PERFOR 1 VES 2 1 VES 2 26d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State)	AUTOPSY MED? NO NJURY OCCU Ind Number or siner ee stated d due to the e	Interval Between Onset and Death Onset and Death Death Death Death Death Death Death Death Death Death Death? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, Cause(e) and menner as stated.



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as in bearing pages 1.2.3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH YEAR Mickalene D. Wrubel April 7 25 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTYN
(Month, Day, Year)
11/22/1953 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 212 60 2545 1 M 2 KF 39 DAYS YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF OEATN 9c. COUNTY OF CEATH 1407 Charlestown Drive "K" Court DIRECTOR Edgewood Harford RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Harford Edgewood 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1407 Charlestown Drive "K" Court 21040 USA 11. MARITAL STATUS
Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—it yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. OECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working Elamentary/Secondary (9-12) College (1-4 or 5+) 12 4 Executive Secretary Insurance Company 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname, Andrew J. Wrubel Ruby M. Hayes BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, Phillip Durham 307 Tarton Green Court Joppa Maryland 21085 20a METNOD OF DISPOSITION
1 Suriat 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Hoor general line Personal Gardens 4/29/93 Baltimere County Md 4 Donatton 8 Other (Specify) UNE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Bruzdzinski Funeral Home PA 23. PARTIL Enter the diseases, pr 1407 Eastern Ave Baltimore Maryland there the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. Liet only one cause on each line. Approximata intarval Batween IMMEDIATE CAUSE (Finel Onset and Death disease or condition Drain matablates 7 months resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 5/2 years CUMCIN Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? t - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) OTHER:
4 □ Nursing Home 5 Residence 8 □ Other (Specify) t YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATN 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, office building, atc. (Specify) 3 Sulcide 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29s. CERTIFIER

Chark only

CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SICARTURE AND TITLE OF CHITIFY 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) Forta 028915 4/26/93 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) HORKINS ONWING CEDER 600 N, WOLFE ST BAG NW 21205 GORDON JOHU: 32. REGISTRAR'S SIGNATURE Kilm Prodette APR 27 1993

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,	n 24 h	ly filler	ation,	the
	TO THE HOSPITAL DA RITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF HEALTI	H AND ME	ENTAL HYGIENE REG. NO.		CONTRACTOR OF
	1. DECEDENT'S NAME /First Missing 1.00	William J	oseph w	alsh		DATE OF DEATH DAY	1993	3. TIME OF DEATH 5:30 p m
1	4. SOCIAL SECURITY NUMBER 215 28 9050	1 🔏 M 2 🗆 F		FUNDER 1 YEAR IF UND ONTHS DAYS HOURS	ER 24 HRS. 7	09/06/193	Barri	HPLACE (State or Foreign Timore, Md.
L DIRECTOR	94. FACILITY NAME (If not institution, given THE JOHNS HOP RESIDENCE OF DECEDENT			BALTIMORE		9	BALTIN	
	Marry and Ba			town or location Middle River		-		10d, INSIDE CITY LIMITS? 1 _ YES 2 NO
FUNERAL	10. STREET AND NUMBER 1129 Susqueha	nna Avenue		10f. ZIP CO	1220	16	g. CITIZEN OF Y	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYPES IF YES, GIVE WAR OR DATE OF THE TOTAL OF T	2 NO	13. WAS DECENDENT If yea, specify Cui 1 YES 2	ban, Mexican, I	ORIGIN? (Specify Yes or Puerto Rican, etc.)	No — 14. RACI	E — American Indian, ik, Whita, atc.
ETED	15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)	DUCATION	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of wor	king	16b. KIND OF BUSINE	SS/INDUSTRY	
COMPL	12. FATHER'S NAME (First, Middle, Last)		Servi			Depart		ore
BE C	William J. Wa	lsh		10. 110		ian Plich		
10	190. INFORMANT'S NAME (Type/Print) Kathy Jane . Wal:	sh				te Number, City or Town, S		
	20erMETHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Re	200	DI ACE AND DATE OF	Ib Road #		DATE 20c. LOCAT	1041 044 7-	
	4 Donation 5 Other (Specify)	Ho	ly Hill	Mem. Garde	ns 4/	28/93 Balt	imore C	ounty, Md.
	· An B	Pris		Bruzdzins	ki Fun	eral Home :		and 21221
	23. PART Lenter the disesses, or shock, or heart failure	r complications that caused a. List only one cause on ea	the death. Do not ch line.	enter the mode of d	ying, such s	s cardisc or respirate	ory smest,	Approximate interval Between
	IMMEDIATE CAUSE (Finst disease or condition resulting in death)	5-1751	S CONSEQUENCE OF):					Onset and Death
z		Acute	Leuk	pimy				3 mo
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):	icalon	01-4	umonic	4	2000
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ACOVOL	174	10.110	}	
AL	PART II. Other significant condition	ons contributing to death bu	t not resulting in	the underlying cause	given in Pa	rt I. 24a. WAS AN AUT PERFORME		a. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
4: MEDIC		An 1 - My	<u>ucarau</u>	al Int	CV CATU	1 □ YES 2 🔀	NO	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. PLACE OF	DEATH (Check	only one)		
НУ	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa	tient 3 DOA 4	Nursing Home 5 1		Other (Specify) 3d. DESCRIBE HOW INJU	RY OCCURED	
BY	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year) 28e. PLACE OF INJURY	An home down steel	M 1 YES 2	□ NO			
E .	3 Suicide 6 Could not b 4 Homicide detarmined	building, etc. (Specif	y)	not, factory, office	20	BI. LOCATION (Street and City or Town, State)	Number or Hurlin	Houte Number,
COMPLETED		SICIAN: To the best of my knowle NER: On the basis of axamination						a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	Lungs	~	5	CENSE NUMBE	PR 29	H 21	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	1	TH (ITEM 27) (Type, Pr		ins L	lospital	Balt	MD 21205
	APR 2 7 1993	32. BENSTRAR'S SCHA				331111	10 111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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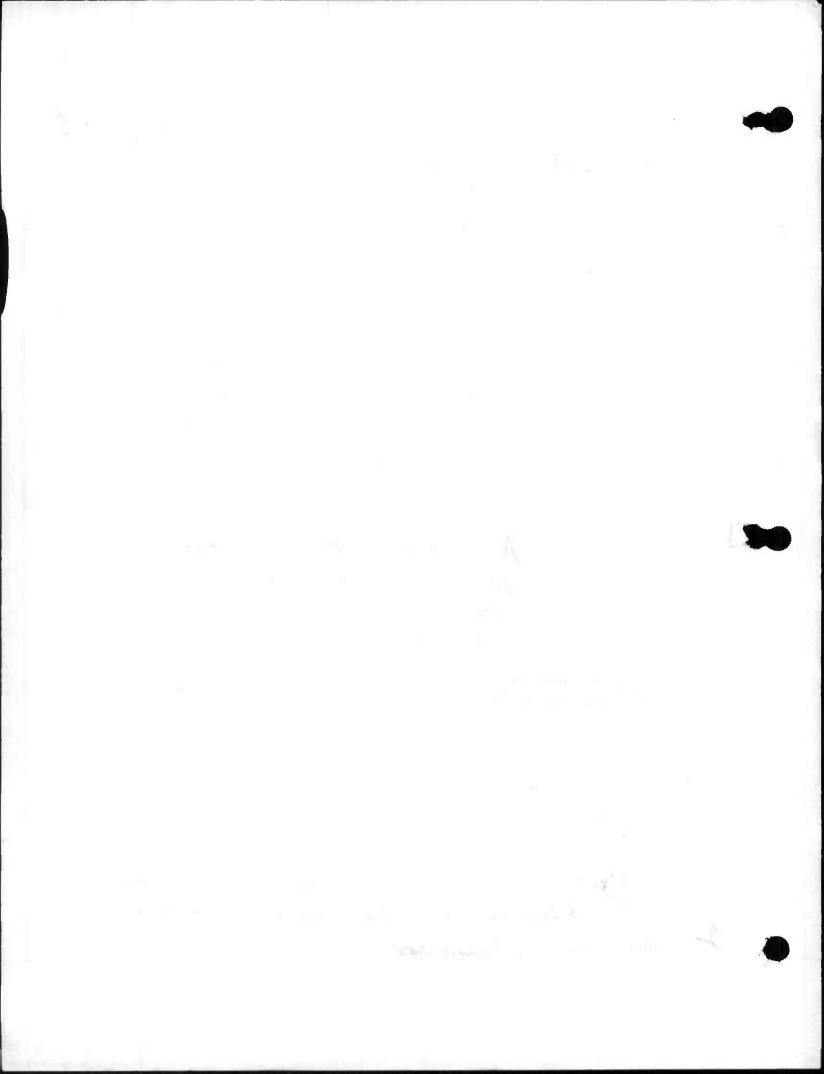
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG NO

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE	OF HEALTH AND ME OF DEATH	IENTAL HYGIEN		11210
	1. DECEDENT'S NAME (First, Middle, Las	B, W	lilliam	5	2. DATE OF DEATH D	~24 9	3. TIME OF DEATH A
	4. SOCIÁL SECURITY NUMBER, 35°	5. SEX 6. AGE ((In you list birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	900 V	THPLACE (State or Foreign intry)
OR	Se. FACILITY NAME (If not inetitution, give	Specially	H+# 3	TIMOVE	City	9c. COUNTY OF	DEATH
DIRECTOR	PRESIDENCE OF DECEDENT	іту	10c. CITY, TOWN	+]		10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	0.	- 10H11	101. ZIP CODE		tog. CITIZEN OI	1 ☐ YES 2 ☐ NO F WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		WAS DECENDENT OF HISPANI		a or No.— 14. RA	S, J+, ACE — American Indian, ack, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? I YES		If yes, specify Cuban, Maxican. 1 YES 2 NG Specify:	, Puarlo Rican, etc.)		B/ACK
COMPLETED	15. DECEDENT'S EG (Specify only highest gra Elementary/Secondary (0-12)	OUCATIGN ide completed) College (1-4 or 5 +)	tea. DRCEDENT'S USUAL Of Give kind of work done life. Do NOT use retired.)		16b. KIND OF BU	SINESS/INDUSTRY	, ,
OMP	IT. FATHER'S NAME (Figst, Middle, Last)	1/	Minis	18. MOTHER'S NAM	E (First, Middly: Walden	Sumame)	ngelist
BE	19a, INFORMANT'S NAME (Type/Print)	HARRE		Appli (Street and Number or Plural Ro	e Rec	lich	
2	MRS. Virgi	e Brown	32711	Lundhurs	+ St, k	5/4//51	nd,21229
	20a. MEPHOD OF DISPOSITION 1 Description 2 Comments 3 Re 4 Donation 5 Other (Specify)		D. PLACE AND DATE OF DISPOS Detery, crematory or other place)		OATE 20c. LO	Altim	Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /		NAME AND ADDRESS OF FAC	USS FU	HERA	Home
Н	23. PARTA Enter the diseases, D	r complications that cause	the deeth. Do not enter	the mode of dulon such	2 th AU	e. BAL	Approximate
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause on a	ach lina.	Infaction s		,	Interval Between Onset and Death
z		DUE TO (OR AS A	Aconsequence of): Aconsequence of):	ant disease			
CATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):				
AL C	PART II. Other significant condition	one contributing to death b	out not resulting in the ur	nderlying cause given in F	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
MEDIC	Danipha-1	teaching via	ore ore		1 YES 2		COMPLETION OF CAUSE OF DEATH?
AN: N							1 123 2 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA 4 Nur	26. PLACE OF OEATH (Chec R: sing Home 5 - Residence 6			
	27. MANNER OF DEATH t Natural 5 Pending	28a. DATE GF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUREO	
red BY	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28a, PLACE GE INJURY	— At home, farm, street, tacf	lory, offica	281. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,
COMPLETED		/SICIAN: To the best of my know NER: On the basis of axamination					e(e) and manner as stated
l w	29b. SIGNATURE AND TITLE OF CERTIF			29c. LICENSE NUME	BER	29d. DATE SIGN	ED (Month, Day, Year)
TO B	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print)	D3640			24193
_	d.	DESAIMS .	4 EBC WILLE	ns Are su	+ 308 B	Balh' mi	DRIKE9
7	31. DATE FILED (Month, Day, Year) APR 2 7 1993	Julia Davidson	ATUHE				
		U					DHMH-16 Rev 1/89

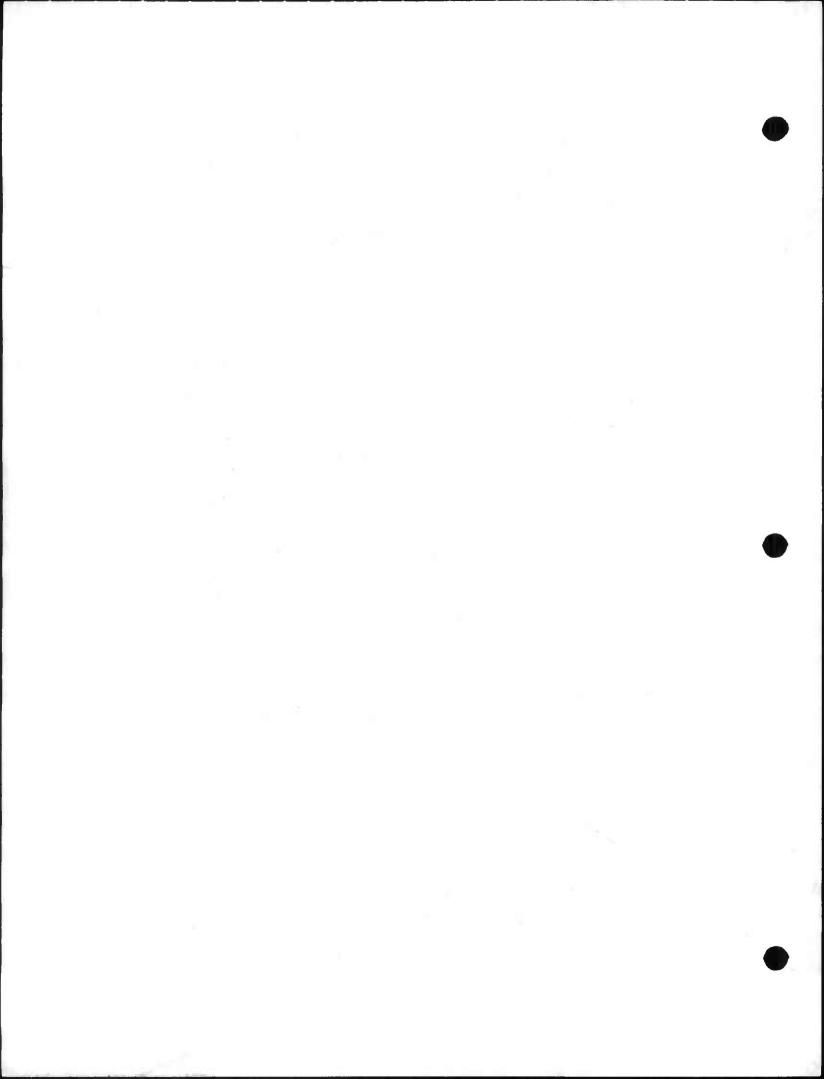


1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Percival Wilson 12:44Pm 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS. 6. BIRTHPLACE (State or Fore Country) 7. DATE OF BIRTH 1 🔀 M 2 🗆 F HOURS YRS. 215 44 8702 10/23/1 Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 | NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4413 Wickford Road use as the burial-transit 21210 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 YNO Specify: BY Specify: 3 Widowed 4 Divorced WWIT White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade ĮQ. Elementary/Secondary (0-12) College (1-4 or 5+) detached 12 Attorney Law 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) n by the funeral director, page 5 should be removal. 7 Edwin Percival Wilson BE Elizabeth Keech notified 19e. INFORMANT'S NAME 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mabel 2 Main Wilso 4413 Wickford Road Balto. Md 21210 Pe hours after death. Page 6 may 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must lery, crematory or other prace; Metro Crematory 4 Donation 5 Other (Specify) A/26 Catonsville, MD 21. SIGNATURE OF FUNERAL SERVICE CONSE examiner 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Rd. Balto. Md. medical filled in by t 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch es cerdiec or respiratory erreet, Approximate shock, or heart feliure. List only one ceuse on each line. intervel Between 6 IMMEDIATE CAUSE (Finei Onset and Death the cremation, disease or condition completely event, t he executed within resulting in death) SION OF VITAL RECORDS, P.O. BOX 68760, entricula and corr arrhythmia traumatic CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF) 2 If any, leading to immediate cause. Enter UNDERLYING attending physician ntal Hygiene prior to certificate be CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 requires that the death the atten PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Health and P апу AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - NO OF DEATH? Shows 1 TYES 2 NO been s PHYSICIAN: has be Dept. THE THE PAIN PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 20. PLACE OF DEATH (Check only one) Item certificate h HOSPITAL: OTHER: 1 TES 2 -NO Impatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 0 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 5 Pending 1 YES 2 NO death 8 ler. 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 50 COMPLETED 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) after 28 i 4 Homicide determined hours a 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. (Check only one) 2 MPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. within HOSPI 29c. LICENSE NUMBER BE. 29d. DATE SIGNED (Mile 를 볼 를 2

-	1960	ınsit		
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicial	filled in by the funeral director, page 5 should be detached for use as the burial-tr. on, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,	

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF ICATE OF	HEALTH AND	MENTAL HYGI REG. I			
	1. DECEDENT'S NAME (First, Middle, Last)	1	1		DEATH	2. DATE OF DEATH		YEAR 3. TIM	E OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		93 2	307 "
	247 484377	1 ☐ M 2 ☐ F	6\ YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day Year	31	8. BIRTHPLACE	(State or Foreign
œ	9e. FACILITY NAME (If not institution, give st	TOSK LAN	0		on LOCATION OF	DEATH	9c. COU	INTY OF DEATH	
CT0	RESIDENCE OF DECEDENT								
DIRE	10a. STATE 10b. COUNTY		10c. CITY	Baltim	ore			LI	NSIDE CITY IMITS? YES 2 NO
FUNERAL DIRECTOR	925 Bridgevie	or DD		10	21225		10g. CIT	IZEN OF WHAT CO	U.S.A
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES		If yes, s	CENDENT OF HISP	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Yes or No	14. RACE — Ame Black, White Specify: BL	
TED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S (Give kind of v	USUAL OCCUPAT	ON ost of working	16b, KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Self"	erk done during m	ed	Harbi	son	Walker	Refra
BE CON	17. FATHER'S NAME (First, Middle, Last) Willie Wilson	n			18. MOTHER'S N	AME (First, Middle, Make	en Surnama)		
TO B	19a. INFORMANT'S NAME (Type/Print) Gertrude Wilso	n	19b. MAILING 925	ADDRESS (STOR	and Number or Run	RD. Ba	Town, State, Zij	Code)	5
	20e, METHOD OF DISPOSITION 1	wal from State 20	Db. PLACE AND DATE COMMERCE (COLOR	F DISPOSITION (A	tery		LOCATION -	D. 2122 City or Town, Start 1to. M	le
15	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME A	ND ADDRESS OF	of ton so			D.
1,5	· ames	am	orton	1701	Lauren	ns ST.Ba	lto.M	ID.	
	23. PART 1. Entar the diseases, or construction of the state of the st	Ist only one cause on	ad the death. Do neach line.	rem	ode of dying, su	ch ss cardiac pr re	spiratory an	li li	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Dnt	A CONSEQUENCE OF	de	ste	Hent	DI	reare	
CALC	PART II. Other significant conditions	contributing to death			g ceuse givan li	n Part I, 24a. WAS	AN AUTOPSY ORMED?		AUTOPSY FINDINGS BLE PRIOR TO
PHYSICIAN: MEDIC	Hypertis	g. denu	12 W	obe	side		2 11-110	OF DEA	ETION OF CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	V00V	26. P	LACE OF DEATH (C	heck only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28e. DATE OF INJURY		4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HO	N IN ILIDA OC	CHRED	
⋒	1 Neturel 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e, PLACE OF INJUR	INJ	M 1 🗆	YES 2 NO				
	3 Suicide S Could not be determined	building, atc. (Spe	ecify)	reset, factory, orni	•	261. LOCATION (Stre City or Town, Sta	et and Number ite)	r or Hural Houte Nu	mber,
COMPLETED		CIAN: To the best of my known: t: On the basis of axamination							anner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	-06	ousn	Com	29c. LICENSE NU			E SIONED (Month,	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Tyge.	A A A	3	noz		212	26
	APR 2 7 1993	32. REGISTRAR'S SIGN							
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TAL OR ATTENDING	AL DIRECTOR: After 72 hours after death
DIVISION	SPITAL OR ATTENDING	IERAL DIRECTOR: After in 72 hours after death
DIVISION	IOSPITAL OR ATTENDING	UNERAL DIRECTOR: After rithin 72 hours after death
DIVISION	E HOSPITAL OR ATTENDING	E FUNERAL DIRECTOR: After I within 72 hours after death
DIVISION	THE HOSPITAL OR ATTENDING PHYSICIAN. The law matters and the death certificate be executed within 24 nours	THE FUNERAL DIRECTOR: After the confinement of the minor of the minor of physician and completely filted in be filed within 72 hours after death with the State Dept. Hereth, and Meins Hydere prior to burial, cremation, or rer

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF CEATH 3. TIME OF OEATH LEONARD FRANKLIN WEATHERSTEIN, SR. 23 DAY 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 10/8/1921 215-14-9179 1 🛛 M 2 🗌 F 71 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR 1943 Quentin Rd. Duridalk Baltimore RESIDENCE OF DECEDENT 10e STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1943 Quentin Rd. 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6th Welder A.J. Sacketts 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) John Weatherstein Rose BE Lachner 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Theresa Pruett 1943 Quentin Rd. Dundalk. Maruland 21222 20e, METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Buriel 2 Cremation 3 Removal from State cameter, crematory or other place) Sacred Heart of Jesus Cem 4/26/93 □ Donation 5 □ Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FYING AL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23. FMT I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 70 1 Inpetient 2 ER/Outpetient 3 DOA 5 Residence 8 - Other (Specify) 4 - Nt 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO ВУ 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 8 Could not be E 4 Homicide determined COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending on	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the brine be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	JJ 11322						
	1. DECEDENT'S NAME (First, Middle, Last) George J. Widman	2. DATE OF DEATH MONTH DAY April 25, 19	3. TIME OF DEATH 2: 00 p _M						
	4. SOCIAL SECURITY NUMBER 5. SEX 1. M 2 F 87 1. M 2 F 87 1. M 2 F 87 1. MONTHS DAYS HOURS MIN.	a. BIRTHPLACE (State or Foreign Soundy) imore, MD							
TOR	9e. FACILITY NAME (if not institution, give street end number) 9b. CTY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D 8809 Yolando Road 881timore								
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore		10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO						
FUNERAL	104. STREET AND NUMBER 3809 Yolando Road 21218	10g. (U.S.A.						
₽			14. RACE — American Indian, Black, White, etc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 years 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Dir. of Research & Analy	Dept. of Business/	INDUSTRY						
BE CON	17. FATHER'S NAME (First, Middle, Last) George Henry Widman Anna Ba	ME (First, Middle, Maiden Surnema AKET))						
TO B	196. INFORMANT'S NAME (Type/Print) Elizabeth O. Widman (wife) 196. MAILING ADDRESS (Street and Number or Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of Rural Section of Street and Number of	Route Number, City or Town, State, Ltimore, MD 2]	Zip Code) . 218						
	20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place) 4 1 Donature of Tuesdal Service (Joseph) 20b. PLACE AND DATE OF DISPOSITION (Name of cametary, crematory or other place) Most Holy Redeemer Cemete	ry 4/28 Balt	- City or Town, State imore, Maryland						
	Mitchell-Wi	oun edefeld Home oad, Baltimor							
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, suc shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) A DUE TO (OR AS A CONSEQUENCE OF):		Interval Between						
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	resulting in dasth) LAST d								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in BILATERAL VLETERAL OBSTRUCTION	Pert I. 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 NO	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence								
PHY	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT MORTH Day March	8 Other (Specify) 28d. DE\$CRIBE HOW INJURY C	OCCURED						
TED BY	1 Netural 5 Pending Pending								
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due of examination end/or investigation, in my opinion, death occurred at the	to the cause(e) and manner ee a	risted.						
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUM		ATE SIGNED (Mopth, Day, Year)						
10 B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	6	4/26/93						
	Brian C. Wallace M.D. 3901 Greenspring Ave. Baltimore	, MD 21211 Su	ite 302						
	APR 2 7 1993 Julie Duries - Royales								

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examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
he funeral director, page 5 should be detached for use as the burial-transit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	>
or death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	1
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	P
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	1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 1 923
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
	220 03 3645 1 1 M 2 XF TS YRS. MONTHS DAYS HOURS MIN. (Month, Day, Nego) Country) Maryland
R	Howard County General Hospital Columbia Howard.
DIRECTOR	RESIDENCE OF DECEDENT
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RAL	10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	3004 NOYPh Klage Koad \$702 21043 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Year or No.— 14. RACE — American Indian,
BY FI	1 New Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben Mixican, Puerto Rican, etc.) 3 Widowed 4 Divorced FORCES? 1 YES 2 NO Specify: Sp
۱۵	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working
COMPLETE	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Homemaker
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE	William H Norris Florence G. Thomas
2	190. INFORMANT'S NAME (Type-Print) William M Altvater 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Lauriann Court Parkton Md 21120
	200. PLACE AND DATE OF DISPOSITION OATE 200. LOCATION — City or Town, State come procedury Refuge Cemetery 4/14 Pikesville Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE HARRY N WITZKE Funeral Home Inc. 4112 Okd Columbia Pike Ellicott City
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Final Onset and Death disease or condition Preum on (a.
	DUE TO (OR AS A CONSEQUENCE OF):
NO NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FRIDINGS
CAL	Congestive heart failure Performed? MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Atrial Fibrillotin OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check cold cond.)
PHYSICIAN:	28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO
	27. MANNEY OF CEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO
BY	2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, term, street, factory, office 28t, LOCATION (Street and Number or Rural Route Number)
E	4 Homicide datermined building, etc. (Specify)
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated, one)
	2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER
) BE	BElane, m.D. D27733 > 4-10-92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Barry K. Lance M.D. 10810 Hickory Ridge Rd. Columbia, M.) 21044
	31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	4DD 1 7 100

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regard to be the

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0	ours after death. Page 6 may be retained by the hospital or attending	1 in by the funeral director, page 5 should be detached for use as the	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE MESTING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending	TATHE FULL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

											_	3 !	1924	
	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR					MENTAL	HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	·							2. DATE	OF DEATH			3. TIME OF DEATH	
	JESSIE	VICTORIA		ALDR	IDGE				APR	tL 8,™	1993	YEAR	00:35 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	OF BIRTH		8. BIRTHP	LACE (State or Foreign	
	215-20-7109	1 🗆 M 2 🏋 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year)	005	Country)	Md.	
	Se. FACILITY NAME (If not institution, give st	treet and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE		ـ ورـ د		NTY OF DE		
<u>۳</u>	CACDED DEADT DOS	DTTAI				UMBE					25 3355	LLEGA		
DIRECTOR	SACRED HEART HOS	FIIAL				OFIDE	IXLIAIV.	D, 11	ш.		A	JELGA	74.1	
12	10a. STATE 10b. COUNTY		10c. CITY, TOWN DR LOCATION								10d, INSIDE CITY LIMITS?			
	Md.	Allegany		1	Fros	tbur	g			1 TYES				
¥	10s. STREET AND NUMBER					10f	. ZIP CODE	E		10g. CITIZEN OF WHAT COU				
FUNERAL	Rt. 1, Box 31	17				. 1	2	21532	2		υ	I.S.A	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECE If yes, specifies									- American Indian, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				specify Cuban, Mexican, Puerto Rican YES 2 NO Specify:		lican, etc.)		Specify	:			
	3 Wildowed 4 Divorced						Α.						White	
ETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	ECEDENT'S	work done	during mo	ON st of workin	107	16b.	KIND OF BUS	INESS/IND	USTRY		
	Elementary/Secondary (6-12)	College (1-4 or 5	·) ##e	. Do NOT us	e retired.)									
COMPL	6			Home	emak	er				Own	Tome			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, M	fiddle, Maiden	Sumame)			
8		John J. Buskirk							e Dun					
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
-	Irvin A. Bsukirk Rt. 1, Box 314, Frostburg, Md. 21532													
	20e. METHOD OF DISPOSITION 1.0 Buriel 2 Cremation 3 Remo	oval from State	20b. PLACE	AND DATE	OF DISPO	SITION (Na	me of		DATE	20c. LO	CATION —	City or Tow	n, State	
	4 Donation 5 Other (Specify)		Fros	tburg	Mei	noria	al Pa	ark	k 4/10 Frostburg, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	John P.	Horn				Durs	st Fu	mera	al Ho	me. Fr	costb	urg.	Md.	
	Durst Funeral Home, Frostburg, Md. 23. Part i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
	shock, or heart failure. List only one cause on each line.										Interval Between Onset and Death			
		1.	ac grat									Minufel		
	disease or condition resulting in death) a. Curdiac arcit DUE TO (OR AS A CONSEQUENCE OF):								,				1014)	
-	Sequentially list conditions, If any leading to immediate Due to (or as a consequence of): Athere scientic Courses arty desegre Due to (or as a consequence of):										YC21			
RTIFICATION	Sequentially list conditions,	DUE TO	(DR AS A CONSE	QUENCE DI	F):	100		1						
18	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events													
Ē														
EH	resulting in death) LAST	d.												
0	DART II Oshar alanMissas assemble													
MEDICAL	PART II. Other significant condition					nderlying	csuse 9	given in	Part I.	24s. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
ă	Charic ob Struct	TOL PUIN	rengage	(/64/	·c				- 1	1 YES 2	No		COMPLETION OF CAUSE OF DEATH?	
	meumoria	atrial	fibrell	ation					_				1 TES 2 NO	
ž							_							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Chi	eck only one)				
1S.	1 D YES 2 THO	1 Simpatient 2	ER/Outpatient 3	□ DOA			e 5 □ Re	reidence	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE DF (Month, D		28b. TIM	E OF	28c, INJ WO	URY AT		28d. DES	CRIBE HOW II	JURY OCC	URED		
B	1 Natural 5 Pending 2 Accident Investigation				М		'ES 2	NO						
ED E	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ome, ferm,	street, fac	tory, office	•			ATION (Street a	nd Number	or Rural Ro	ute Number,	
	4 Homicide determined								,	, , , , , , , , , , , , , , , , , , , ,				
1 2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, de	eth occum	ed at the	time, date	and place,	and due	to the cau	ee(a) and man	ner as state	ed.		
COMPLET	one) 2 MEDICAL EXAMINE												and manner as stated,	
1 - II	296. SHIMATURE AND RITLE OF CERTIFIER		2					ENSE NUN					Month, Day, Year)	
BE	(lononul	D. D.	in me	2			17	7/1	FA		DATE	Alan	18 1993	
일	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS			Derivat)		_//	49	/		1	110/0	10,011)	

ress of person who completed cause of Death (ITEM 27) (Typo, Print) DEATH (I MD)

32. DISTRAR'S SIGNATURE

1 2 1993

47 0 and the second second · In the second second

BALTIMORE, MARYLAND 21215-0020	nin 24 hours after death. Page 6 may be retained by the hospital or attending physi
	24 ho
PIVISION OF VITAL RECORDS, P.O. BOX 68760,	ILON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
7	de

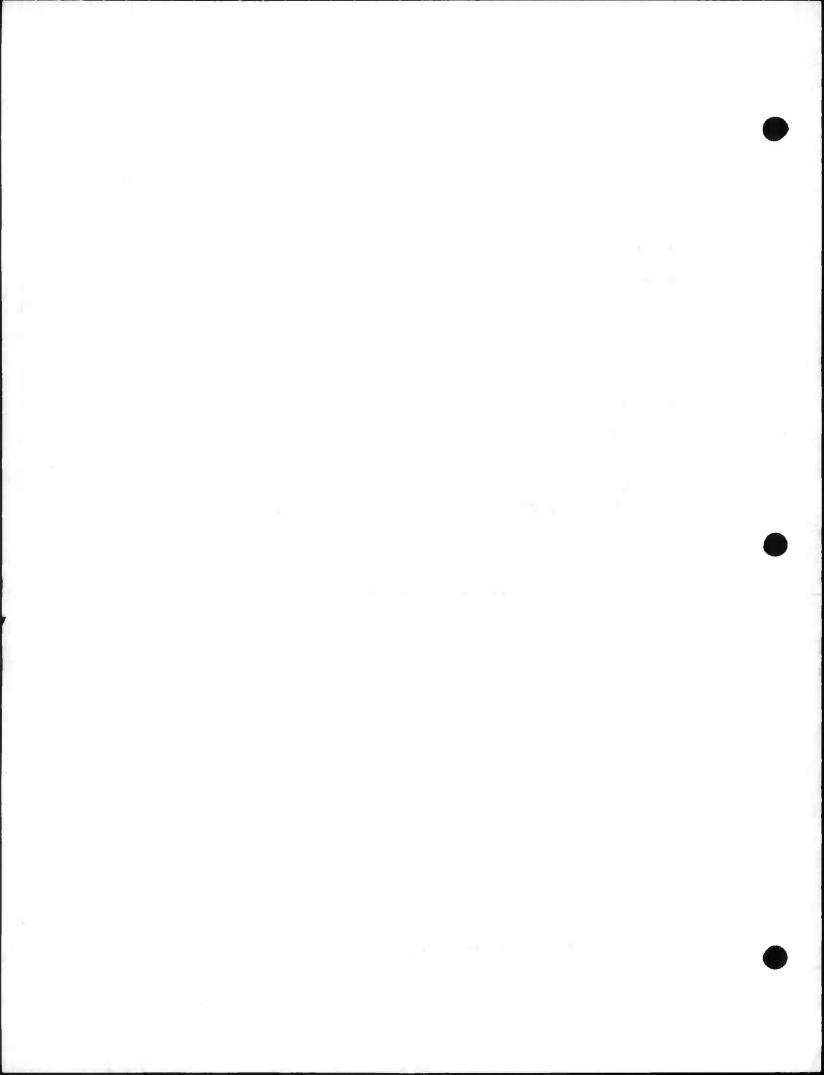
TO THE FULLIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FULLIAL OF ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

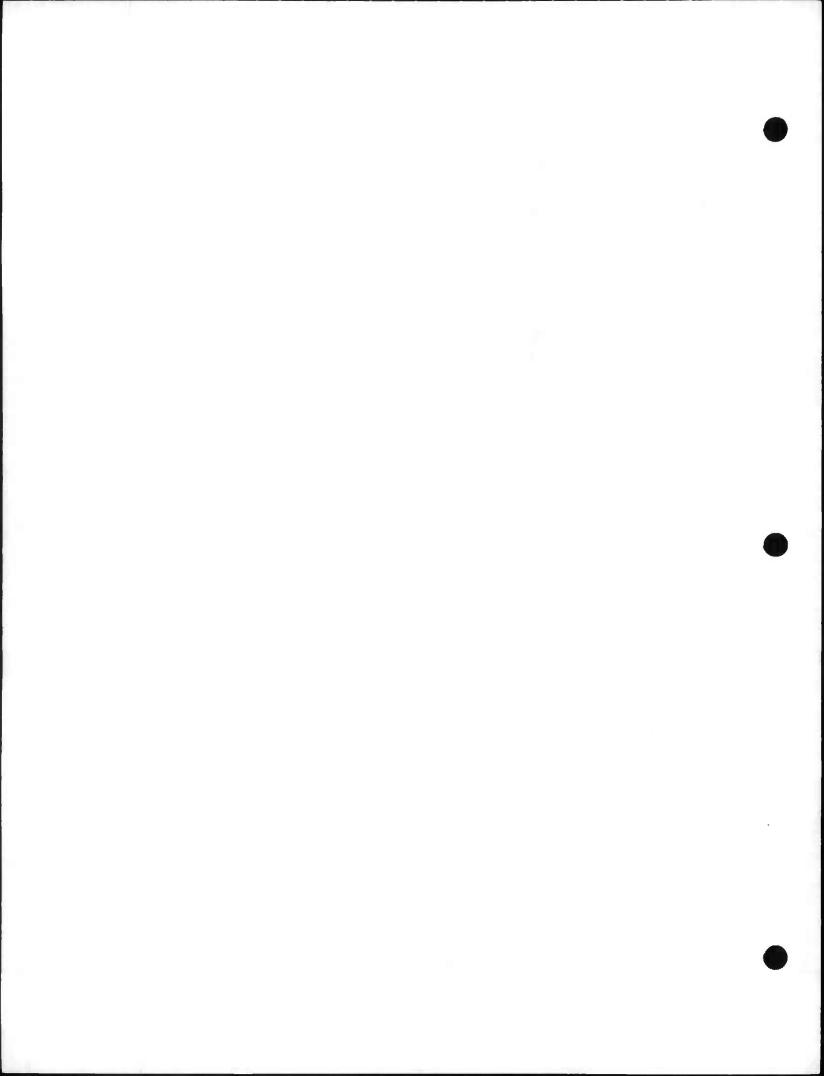
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Linst) HELEN CATHERIN	E ANSEL				2. DATE OF DEATH	26,199	3. TIME OF DEATH 05:50 A
	4. SOCIAL SECURITY NUMBER	1 🗆 M 2 💢 F	(In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Oct. 6, 1		BIRTHPLACE (State or Foreign Country) West Vipginia
OB	9n. FACILITY NAME (If not institution, give st SACRED HEART HOS			Cumber	rland	EATH		Y OF DEATH LEGANY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	W. Va. Hamps 100. STREET AND NUMBER	hite	Spr	ingfield	f. ZIP CODE		10g. CITIZE	1 TES 2 NO
FUNERAL	P. O. Box 107 11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	26763 CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	U.S	. A . B. RACE — American Indian, Black, White, etc.
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 🗆 YES	2 X NG Specif	y:		Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coflege (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	USUAL OCCUPATE ork done during mo pretired.)	ON est of working	16b. KIND OF BU	SINESS/INDUS	TRY
OMP	Unknown 17. FATHER'S NAME (First, Middle, Last)		Housew	ife	18. MOTHER'S NA	Homema ME (First, Middle, Meiden		
BE C	E. W. O. Kauffman	<u>.</u>				Catherine		1
0	19a. INFORMANT'S NAME (Type/Print)					Floute Number, City or Tox		
	Connie J. Keaton 20a. METHOD OF DISPOSITION	Lan	HC 8			mney, W. V		757
	1 Burial 2 Cremation 3 Remo	oval from State cem	etery, crematory or oth pringfie	ner place)				y or Town, State eld, W. Va.
	21. SIGNATURE OF EUNERAL SERVICE LICE		DITHETIC	-	ND ADDRESS OF FA		LINGLI	era, w. va.
	1 TRA)in			ler Fune			
	23. PART I. Enter the diseases, or c	complications that caused List only one cause on ea	I the death. Do no	ot enter the mo	de of dying, suc	th as cardiac or resp	iratory arrea	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Endstag		etive t	teast	FAILURE		Interval Between Onset and Death
z		50,000	CONSEQUENCE OF	Lemir	Mu	acredia o	alk.	
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):	7	July 1	7	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
		1.						
MEDICAL	PART II. Other significant conditions	s contributing to death be	ut not resulting Ir	the underlying	g cause given in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YMO	HOSPITAC:		OTHER:	ACE OF DEATH (Ch	8 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	URY AT PRK?	28d. DESCRIBE HOW	NJURY OCCU	RED
TED BY	2 Accident investigation 3 Sulcide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, st			281. LOCATION (Street City or Town, State)	and Number or	Rurel Route Number,
COMPLET		CIAN: To the best of my knowledge.						euse(s) and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			IGNED (Month, Day, Year)
0 B	1110	AGODENY.	mo		Das	181	× 4	-7-93
-	30. NAME AND ADDRESS OF PERSON WHO DR. GARY WAGONER	, M.D., 925			AD, CUMB	ERLAND, MD	21502	
	APR 0 9 1993	32. REGISTRAN'S SIGNA	ATURE PARAME					4



BALTIMORE, MARYLAND	24 nours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach	ion, or removal.	he medical examiner must be notified at once.
O DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE PUNEARL DISECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL HYGIEN		3 11926		
	1. DECEDENT'S NAME (First, Middle, Lest)	ms	2. DATE OF DEATH		TEAR 3. TIME OF DEATH A					
	4. SOCIAL SECURITY NUMBER 577-10-8942 9a. FACILITY NAME (# not institution, give st	00 V	s. BIRTHPLACE (State or Foreign Country) Virginia c. COUNTY OF DEATH							
TOR	WILSOM HEALT	toom eny								
FUNERAL DIRECTOR	Maryland Montgo		ersbur			10d. IN				
ERAL	301 Russell Avenue	2		417.0	20877	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPANI acify Cuban, Mexican 2 X NO Specify:	s or No- 14				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) 1 College (1-4 or 5 +)	(Give kind of work of the, Do NOT use reti	lone during mo	ON st of working	16b. KIND OF BU	ISINESS/INDUS			
OMPI	12 17. FATHER'S NAME (First, Middle, Last)		Salesman		18. MOTHER'S NAM	Appliat				
BE C	James Stott Adams	<u>. </u>				Jones Hu		son		
9	19a, INFORMANT'S NAME (Type/Print)					oute Number, City or Tox				
	Mary Jane Adams 26 Hillcrest Dr., Pasa Robles, CA 93446 20c. METHOD OF DISPOSITION 20th PLACE AND DATE OF DISPOSITION Name of 20th DATE 20th									
	1 Donation 5 Other (Specify)	wel from State cemete Me	ery, cremetory or other p	n Cren	natory 4/	6/93 Ale	xandri.	a. VA		
	Manufure of Funeral Service Lic	ENSEE D. Gill	ans	10 Ea	of Deer I	Park Drive MD 20877	Funera	1 Home		
	23. PART i. Enter the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Broncho DUE TO (OR AS A C	h line.		de of dying, such	as cerdiec or resp	lratory arrest	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions ASHD & angir	contributing to deeth but	not resulting in th	o underlying	g ceuse given in F	Part i. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 W		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT		ACE OF DEATH (Che	ck only one)		1		
1YSI	1 U YES 2 NO	1 Inpatient 2 ER/Outpati	lent 3 DOA 4 D	*	e 5 🗆 Residence (
BY Pt	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	1 1	AK? /ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	NEO		
	3 Suicide 6 Could not be determined	factory, office		261. LOCATION (Street City or Town, State	and Number or .)	Rural Route Number,				
COMPLETED		CIAN: To the best of my knowled R: On the beste of examination a						suse(e) and manner se stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	710			29c. LICENSE NUM		_	IGNEO (Month, Day, Year)		
10 B	ens	Whors	S Mi	>	0723	31	14-	-5-93		
	30. NAME AND ADDRESS OF PERSON WHO LAMBS R. M. 7000 31. DATE FILEO (Month, Day, Year)	Jr. 207 Br	on has Au		aitherst	ucy nil	.208	377		
	APR 13 '93	givia Davidson-A	and elle							

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Approximata interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO

			1. DECEDENT'S NAME (First, Middle, Last) E. James	Adams							2. DATE OF	DEATH DA	AY 100	YEAR	3. TIME OF DEATH
	- 1		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF E	NRTH) 199		PLACE (State or Foreign
	- 1		295-03-6209	1 🖾 M 2 🗌 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y. Year)	1916	Countr	ifornia
3 should			9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	TOWN	OR LOCAT	ION OF DE	Oct.	31,		NTY OF D	
න භ		8													
1, 2,		DIRECTOR	RESIDENCE OF DECEDENT										11011	cgom	ery
Sage		뿐	Maryland Mon	tgomery		10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?
Ę.				y			Rock								1 - YES 2 NO
020 physician. burial-transit permit, Pages 1,		FUNERAL	100. STREET AND NUMBER 109. CITIZEN 0 109. CITIZEN 0 20850 IInited									WHAT COUNTRY?			
ian. trans		빌	11. MARITAL STATUS							one courses					
120 hysic	- 1		1 Never Married 2 X Merried		X YES	2 NO		f yes, s	pecify Cub	en, Mexicar	n, Puerto Rican	pecify Yes i, etc.)	or No-	14. RACE Black	— American Indian, L, White, atc.
5-0020 nding physic is the burial		B	3 Widowed 4 Divorced	IF YES, GIVE V		TES		YES	2 🔀 NO	Specify	<i>'</i> :		ı	Speck	white
215 intend		8	15. DECEDENT'S EDU	JCATION		16a. DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	D OF BUS	SINESS/IND	USTRY	MILCO
2121 al or atter for use a			(Specify only highest grading (0-12)	completed) College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during m	ost of worki	ing					
D spits		COMPLET	5 Attorn								Nat	iona	al Ga	ller	y of Art
AND the hospit detached	Once.	Š.	17. FATNER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle				,
RYL ed by th	te l	BE	Edward J. Adams						Nel	lle P	latt				
▼ # €	notified	2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street	end Numbe	or Runal R	loute Number, C	ity or Tow	n, State, Zip	Code)	
		F	Kathryn J. Adams	5		12809	Spr	ing	Driv	re, R	ockvil	le,	Mary.	land	20850
RE, may be	at be		20e. METNOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremellon 3 ☐ Ren	noval from State	20b. F	PLACE AND DATE	OF DISPOS	ITION (N	ame of 4/	/15/9	3 DATE	20c. LO	CATION -	City or Tox	wn, State
MO ge 6	must	- 1	1 Burlal 2									ryland			
ALTIM death. Page funeral dire	examiner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			Rö	NAME 4	ND ADDRE	Pump	hrev F	uner	al Ho	ome/	Rockville
BALTIMOF after death. Page 6 m by the funeral director,			Kaluf	terra	4	M00198	3 R	00 V	Vest	Mont	gomery ryland	Ave	enue 850-2		Inc.
BALTIMORE, hours after death. Page 6 may be ed in by the funeral director, page	or removal		23. PART i. Enter the diseases, pr	complications the	t caused	the death. Do i	not enter	the mo	ode of dy	ing, auch	an cerdiac	or reapi	ratory am	eat,	Approximate
24 hours filled in	ŏ Ē		shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cau	ise on eac	ch line.	,								Onset and Das
	cremation,		disease or condition resulting in death)	Ca	rdi	D.D.	100	mo	1-1-11		erre	2 6 4	 		
executed within and completely	event,		Totaling in doubly	DUE TO	(OR AS A C	OUENCE O		,	7			- 0			1
68760 executed with	(0	z I	Sequestally the anadalass	a nen	nerr	ter aic	5	ho	ck						
be exe	traumatic	티	if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
BOX ficate be o	0	2	cause. Enter UNDERLYING CAUSE (Disease or injury Cause (Disease (Disea												
O guing b	other	H	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. Yuptured abdominal auntic ancerysm												
S, P.O. Bodeath certificate attending physical	, e	CERTIFICATION	Total III additify Exist	a. Vupi	rur	ed a	odo	m	not	av	rtic	an	uer	ysm	
	9 5	II	PART II. Other algnificant condition	ns contributing to	death but	t not reaulting	in tha un	derlyin	g cause	given in I	Part i. 24a	. WAS AN	AUTOPSY		WERE AUTOPSY FINDING
O # 8	any	EDICAL									1.5	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Sign		ME									_ ' '	1120 2	G NO		OF DEATH?
	3 sh										_				
VITAL FIAM: The law rifficate has be	item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. P	LACE DF D	DEATH (Che	ck only one)				
VIT AN: 1	or ite	is I	t TYES 2 X NO	HOSPITAL:	ER/Outpat	tient 3 🗆 DOA	OTHER 4 - Nun		10 5 🗆 R	asidence (8 Other (Spi	ecify)			
OF VI PHYSICIAN: this certifica	Ked, o	PH	27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM		28c. IN.	JURY AT		28d. DESCRIE		NJURY OCC	URED	
O PHY G PHY er this		<u>8</u>	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-y. 10-17	1143	M	1 🗆		□ NO					
SION TENDING P	- w		3 Suicide 8 Could not be	28e. PLACE O	F INJURY -	At home, ferm,	rtreet, fect	ory, offic	:=		281. LOCATION	N (Street e	nd Number	or Rural A	oute Number,
S E	19. 91		4 Homicide determined		,,,,,,,,,,						City or ion	wii, State)			
\$ P			290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowled	dge, death occum	ed at the ti	me, date	and place	s, and due t	to the cause(a)	end men	Hoer as state	rd.	
	# 15 15 15 15 15 15 15 15 15 15 15 15 15 1	COMPL	one) 2 MEDICAL EXAMINE												end menner as stated.
- PE		ŭ	296. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUM					(Month, Day, Year)
55	MPOR	8	Mohert	FFOL		7			D	24		3	▶ 4	1-10	4-93
		r 7 H							1		. / -		- (

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

1932, REGISTRAR'S SIGNATURE

ixobe

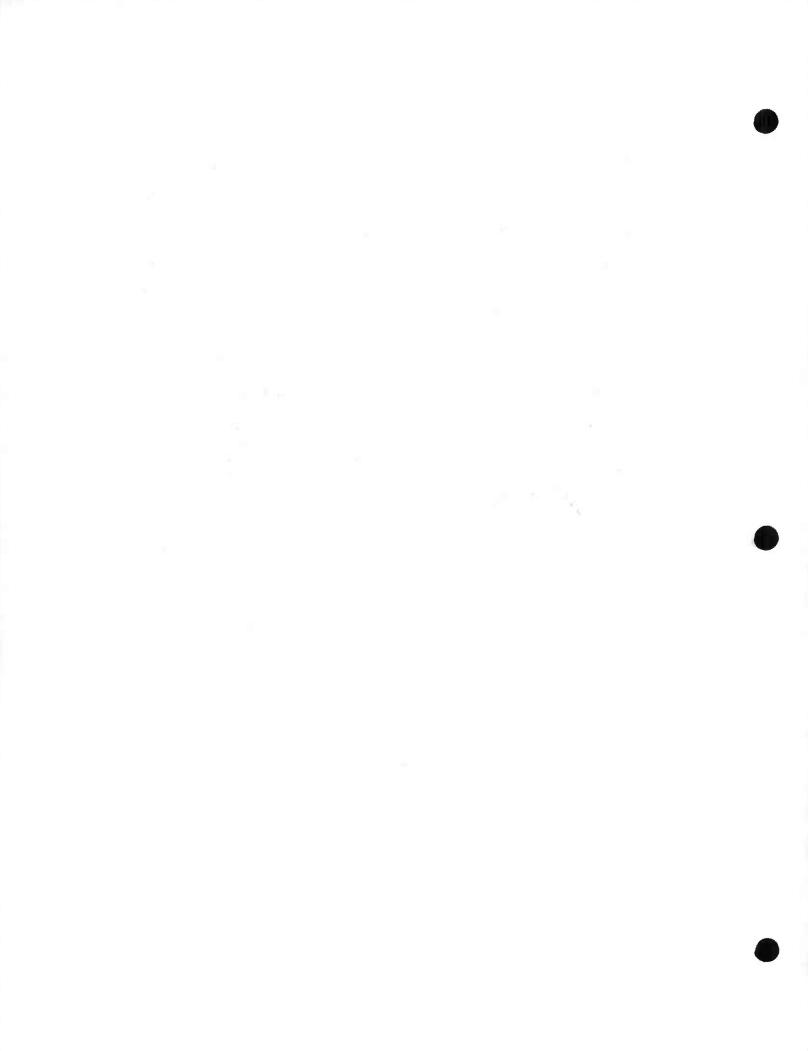
31. DATE FILED (Month, Day, Year) APR 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

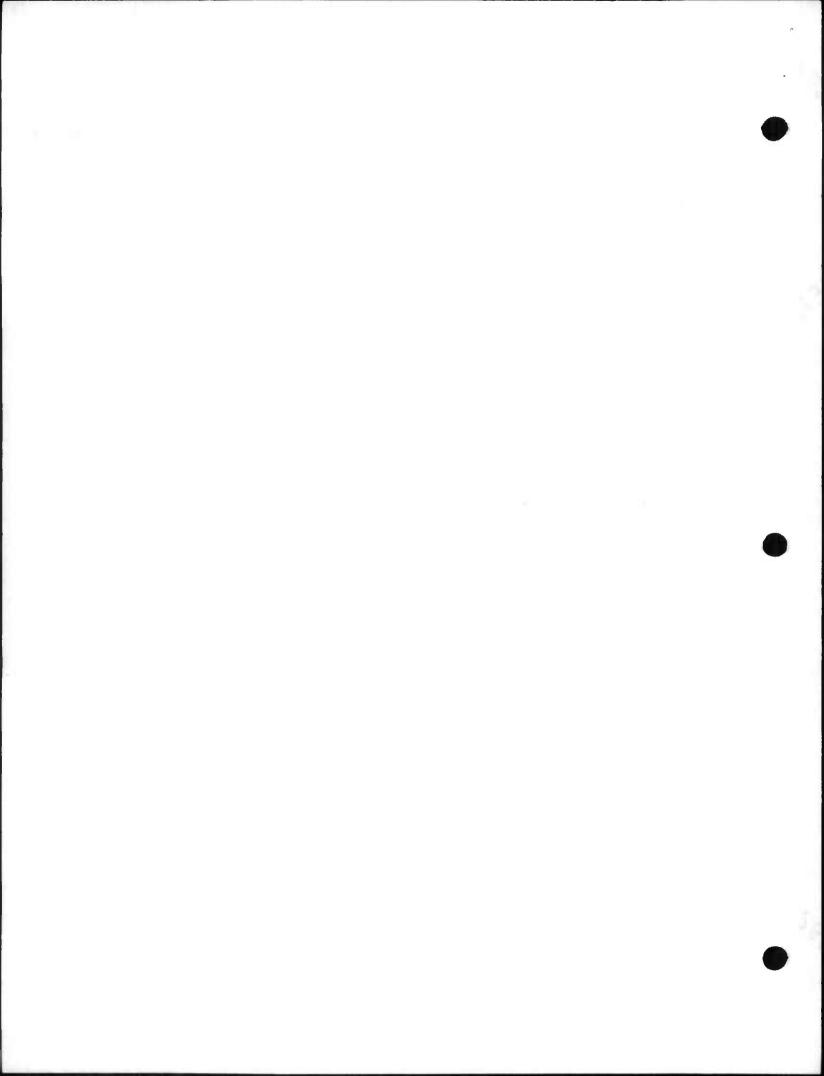
9715 Medical Center Dr., Rockville, MD 20850



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CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	artificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as		
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Jeath. F	funeral		
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within 2	pletely	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
			F	RTIFICATE	0	F DEAT	TH.		DEC	NO

		FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMI			ENTAL HYGIENI REG. NO.	E	0 11720
		1. DECEMBNI NAME (First, Middle, Last	BENEDICT	ABELL			MALCH 3	0 19	3. TIME OF DEATH
P	H	4. SOCIAL SECURITY NUMBER 220–16–8546	5. SEX 6. AGE (In)	VDG MONT	HE DAYS	HOURS MIN.	June 10,19		BIRTHPLACE (State or Foreign Country) Maryland
2, 3 should	FOR	96. FACILITY NAME (If not institution, give St. Mary's H	street and number)	2		ard to w	гн		y OF DEATH
Pages 1,	DIRECTOR	10a. STATE 10b. COUN	St. Mary's	10c. CITY, TOV		ION			10d. INSIDE CITY LIMITS?
sit permit.		10c. STREET AND NUMBER Route 1 Box 82-0				ZIP CODE 20650			1 □ YES 2 🖔 NO N OF WHAT COUNTRY? U.S.A.
1215-0020 or attending physician. r use as the burlal-transit permit.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 X NO		ENDENT OF HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)		I. RACE — American Indian, Black, White, etc. Specify:
		15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	le completed)	Sa. DECEDENT'S USUA (Give kind of work d life. Do NOT use retir	one durina mos	N st of working	16b. KINO OF BUS	INESS/INDUS	White
AND 21 the hospital of detached for once.	COMPLETED	8th Grade 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5+)	Farme	r			arm	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	BE CC	Thomas Benja	min Abell			Mary	(First, Middle, Meiden S Vannal	n	Curry
be retained to ge 5 should to notified	5	19e. INFORMANT'S NAME (Type/Print) Mary Eva Abell					dtown, Mai		
IORE, e 6 may be ector, page must be		20a, METHOD OF DISPOSITION 1 & Burlat 2 Cremation 3 Red 4 Donation 5 Other (Specify)		ACE AND DATE OF DIS	POSITION (Na	me of	DATE 20c. LOC	CATION — CITY	y or Town, State
ALTIN death. Pag funeral dir xaminer		21. SIGNATURE OF FUNERAL SERVICE L		Lady S C	22. NAME AN Matt:	ingley-GA	m rdiner Fur	neral	Won, Maryland Home, P.A. aryland 20650
hin 24 hours at tely filled in by mation, or remo		23. PART I. Enter the disesses, or shock, or heart failure iMMEDIATE CAUSE (Final disesse or condition resulting in death)	complications that caused the List only one cause on each s. DUE TO (OR ASA CO.	Kon ;	Facility	de of dying, such	enel j	atory stress	t, Approximate Interval Between Onset and Death
P.O. BOX 68 th certificate be executed in physician and I Hygiene prior to bur or other traumatic	MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CC. DUE TO (OR AS A CC.		Can	ngran	e of	Left !	Part.
RECORDS equires that the den signed by the of Health and Methows any Injury		PART II. Other significent condition Mulenuty	ns contributing to death but				PERFORM 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
/ITAL F N: The law in ficate has be State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		IER:	ACE OF DEATH (Check			
OF VIT, PHYSICIAN: The this certificate with the State	PHYS	1 VES 2 NO 27. MANNER OF OEATH	1.2 npatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 28c. INJU		Other (Specify) 8d. OESCRIBE HOW IN	JURY OCCUF	RED.
	ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	1 U Y	ES 2 NO	81. LOCATION (Street as City or Town, State)	nd Number or	Rural Route Number,
SOL POPE	COMPLETE		SICIAN: To the best of my knowledg	ge, death occurred at t	he time, data	and place, and due to	the cause(s) and mans	ner as stated.	
HOSPITA FUNERAL WITHIN 72	COM	one) 2 MEDICAL EXAMIN	ER: On the basis of examination ar						
IS THE HOSPITAL TO THE FUNERAL BE filed within 72 P	TO BE	286. SIGNATURE AND TITLE OF BERTIFIE	1 Ala			D252		29d. DATE S	IGNEO (Month, Day, Weer)
(0)	٢	DR. Allen	HO COMPLETED CAUSE OF DEATH Leonardto		and 20	0650		1	
		31. DATE FILED (Month, Day, 1987) APR 0 1 93	Sulia Davidson-N						



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL ON ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours, after cleath with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	INDOCTANT: If them 28 is marked on them 23 shows any injury or other trainmosts event the most of a must be mailed as ones

	HEGISTHAH		CERTI	FICALE	OF DEAL	н	REG. NO.				
		MOND	D.	At	KINS)		DATE OF DEATH DATE OF RILL 12		YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-20-1554	5. SEX 8. AGE	65 YRS.	MONTENE E	EAR IF UNDER 2	MIN.	Month, Day, Year)	020	Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9h CITY TO	WW OR LOCATIO				TY OF DEAT	yland	
DIRECTOR	PENINSULA REGIONA	ENTER						COMIC	**		
Si I	10a. STATE 10b. COUNT	γ	100.0	TTY, TOWN OR	OCATION				T 40	d, INSIDE CITY	
	Maryland	Somerset			risfiel	d		1 [
FUNERAL	100. STREET AND NUMBER 3350 Sackertown R	oad			10f. ZIP CODE		10g. CITIZEN OF WHA				
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YES	IN U.S. ARMED	13. WA	DECENDENT OF	F HISPANIC	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—	14. RACE —	American Indian, hits, etc.	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	W. W. II			YES 2 NO		-devise fucial, etc.)		Specify:	White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind)	"8 USUAL OCCL of work done duri use retired.)	PATION ng most of working	7	16b. KIND OF BUS	UNES\$/IND	USTRY		
MPL	H. S. Graduate	College (1-4 or 5+) 2 Years	Engine	ering T	echnici	an	U. S. C	overi	nment	(NASA)	
	17. FATHER'S NAME (First, Middle, Last) William Martin At	kins					(First, Middle, Maiden	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAJLII	NG ADDRESS (S			te Number, City or Town	n, State, Zip	Code)		
ĭ	Peggy M. Atkins (a,b,c,	d,e,f	,g				
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ob. PLACE AND OAT	r other place)		ele 1/0	DATE 20c. LOG		City or Town,	7797	
	21. SIGNATURE OF FUNERAL SERVICE LIX	CENSEE / Comment	dillion rad	22. NA	ME AND ADDRES	S OF FACILI	ITY		0.111	MID	
_	Robert H. Bra			30	6 W. Ma:	in St	s Funeral - Crisf	ield	, MD	21817	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final										
	disesse or condition resulting in death)	a. ASPIRA DUE TO (OR AS	770 N A CONSEQUENCE	PNOF):	5 MON	IA			26 HRS		
NOI	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CALLSE FURLES TO MA MUCT 1 FURLA BY MUCT 1										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): UN OWTH										
ERT	resulting in death) LAST										
	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EDICAL							PERFORMED?			AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?	
Σ							-		1 [YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	26. PLACE OF DE	ATH (Check	only one)				
YSI	1 TYES 2 NO	1 2 Inpatient 2 ER/Ou		_	Home 5 🗆 Res						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		NJURY	c. INJURY AT WORK?		Id. DEŞCRIBE HOW II	IJURY OCC	CURED		
8	2 Accident 3 Suicide S Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route I City or Town, State)								e Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month Co., Month										
TO 8	Michael 30. NAME AND ADDRESS OF PERSON WH RICHARD 6-B	D COMPLETED CAUSE OF D	PEATH (ITEM 27) (TH	pe. Print)	D-	221	132	▶ 4	1-12-	93	
	RICHARD 8-B	IRD MD	560 Ri	VORSIA	o DR.	15-20	y SICI.	Bur	C4, M	10817. d	
	31. DATE FILED (Month, Day, Year)	32. REGISTRARIE SIG	Davidson-	Andell				-			

STOPPING THE STATE

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AND THE RESIDENCE SERVICES

TO THE WHAT OF TRINDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician.

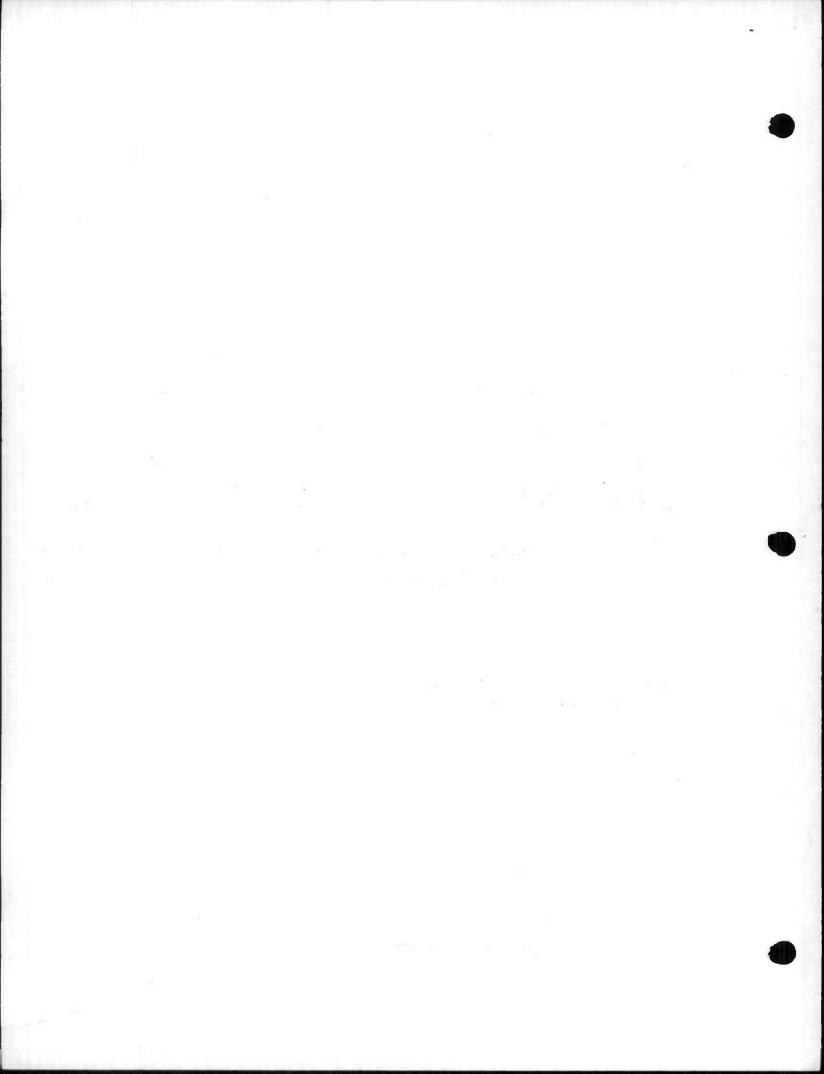
TO THE HUNDING PHYSICIAN: The wis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	FOR STATE REGISTRAR	STAT	E OF	MARYLANI	D /
	l. D	ECEDENT'S NAME (First, Middle,		Kat	herine	A

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH

											G. 140.		
	1. DECEDENT'S NAME (First,	halt					Mar. 2	2, 1993	3. TIME OF DEATH 2:15 P. M				
	4. SOCIAL SECURITY NUMB	ER	5. SEX 8. AGE (In yrs.		lest birthday) IF UNDER 1 YEAR		1 YEAR	IF UNDER 24 HRS.		7. DATE OF BIE	TH	8. BIRTH	IPLACE (State or Foreign
	217-42-7665	5	1 M 2 XF	82	YRS.	MONTHS DAYS H		HOURE	MIN.	Feb. 8	1911	Md	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9h CITY	TOWN	OR LOCATI	ON OF DE			UNTY OF D	
œ	Vindabona							addo			""		
2	RESIDENCE OF DEC		II6 HOME				DL	auuo	CK I	gis.		FI	rederick
EC	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION					10d, INSIDE CITY
- DIRECTOR	Md.		Frederic	K		l		leto					1 X YES 2 NO
FUNERAL	308 E. Ma	in St	•		10f, ZIP CODE				21769	10g. C		S.A.	
5	11. MARITAL STATUS			T EVER IN U.S. AF						NIC ORIGIN? (Spe		14. RACI	E — Americen Indian, k, White, atc.
BY	1 Never Married 2 3 Widowed 4 Divo			MAR OR DATES	NO			2 XNO		n, Puerto Ricen, y:	atc.)	Spec	
		EDENT'S EDU		16a. DE	ECEDENT'S	USUAL O	CCUPATION	ON		16b. KIND	OF BUSINESS/I	NOUSTRY	
<u></u>	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	(G	live kind of Do NOT u								
집			2	"	dei	dental assistant denta							
COMPLETED	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT	HER'S NA	ME (First Middle	Maiden Sumame)	
BE C		Willia	am Howard	d Gaver			18. MOTHER'S NAME (First, Middle, Meiden Surname) Sarah Elizabeth Brandenburg						
	19a. INFORMANT'S NAME (7			19	b. MAILING	ADDRES	S (Street a	and Numbe	r or Runal i	Floute Number, City	y or Town, State,	Zip Code)	
5	A. Myron A	halt 1	II		308 1	E. Ma	in :	St.,	Mide	dletown	. Md.	21769)
1	204. METHOD OF MISPOSIT	ION		20b. PLACE	OF DISPO	SITION (N	me of ce	metery cree	matory or		20c. LOCATION		
	1 N Burial 2 Fromation D Other		noval from State	Luth	eran	Ceme	eter	У		3/24	Midd1	etown	n. Md.
	21. SIGNATURE OF PUNERAL MERRY DE MICHIGARY (1997)												
	Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769												
	23. PART 1. Enter the di	seases, or	complications the	et coused the de	eeth. Do	not enter	the mo	de of dy	ing, auc	h as cardlec o	r reapiratory	errest.	Approximate
	ahock, or h	eart failure.	List only one ca	use on each ilne	0.						,		interval Between
	MMEDIATE CAUSE (Finel disease or condition resulting in death) a. Course Hypertensive Carbiovascular Disease										Onset and Death		
ł	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										1 Wrentt		
ļ	HYPERTENSION											SYDAM	
8	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING										3 (6,10)		
F													
CERTIFICATION	CAUSE (Disease or injury 6.												
Ē	that initiated events OUE TO (OR AS A CONSEQUENCE OF):												
5			d										
	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL	RESTRIC									100	PERFORMED?	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	ASTORA	(FVP		101						1 TES 2 THO			
											1 YES 2 NO		
Z													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:												
YS	1 TES 2 NO			☐ ER/Outpetlant :	DOA			ne 5 🗆 R	esidance	6 🗆 Other (Spec	offy)		
E	27. MANNER OF DEATH		28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIR	AE OF JURY		JURY AT DRK?		28d. DESCRIBE	HOW INJURY	CCURED	
BY		Pending Investigation				M	1 🗌	YES 2	NO				
	3 Suicide 6	Could not be	28e. PLACE o	OF INJURY - At he	ome, farm,	street, fac	tory, offic	ia .		281. LOCATION	(Street and Num	ber or Rural	Route Number,
COMPLETE	4 Homicide	4 Homicide determined building, atc. (Specify) City or Town, State)											
	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated												
X	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
8											of and mainer as stated.		
BE	29b. SIGNATURE ANOTITLE	A LAND				29c. LIC	ENSE NUI	-	29d. D		(Month, Day, Year)		
0	D 20488 3-24										453		
	JAMES L KOESSUR MD POBOX 17 MIDDLETOWN, MD. 21769												
	31. DATE FILEO MORTH DOWN WAR 26 1993 32. AEGISTRAR'S SIGNATURE MAR 26 1993 Guna mujacon Andales												



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR		CER	TIFIC	CATE OF	DEATH	WEITINE	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	/						OEATH		VEAR	3. TIME OF DEATH
	GEORGE (9	il hert		ナバ	.0		MONTH 4	9/	7	23	10:40 M
	216-05-3952	(XXM 2 □ F	T8 Y	-	IF UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 9 / 20 /	виятн Т.914		a. BIRTH County EIKT	PLACE (State or Foreign On, MD
OB	99. FACILITY NAME (If not institution, give stree Union Hospital	t and number)			Elkton	OR LOCATION OF D	EATH		e. cou	NTY OF DE	EATH
ᇤ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
L DIRECTOR	Maryland Cecil				h East						10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	16 Indian Road				10	21901			HAT COUNTRY?		
ВҰ	1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES WW II U.S. Navy			13. WAS DECENDENT OF HISPANIC ORIGIN? If yea, specify Cuben, Maxican, Puerto Ri 1 YES 2 NO Specify:				or No—	- American Indian, White atc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	TION mpleted) College (1-4 or 5 +)	(Give ki	ENT'S US nd of wor VOT use i	SUAL OCCUPATE rk done during m retired.)	ON ost of working	16b, KI	ND OF BUS	INESS/IN		
MPL	12	N/A	For	eman	1		A	utomo	obile	3	
	17. FATHER'S NAME (First, Middle, Last) George Henry Aro					Anne M	, ,				
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MA	ULING A	DDRESS (Street	and Number or Rural				n Code)	
2	Kenneth G. Aro					e Elkto		2190			
	20e. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State	206. PLACE ANO (ry or other	rnjerej	ist Cen.	4/10			City or Tow	
	21. SIGNATURE OF PUNERAL SERVICE LICEN	10710	A		22. NAME A	oh Funer	al Hom	e			
-	23. PART I. Enter the diseases, or con	nniications that caus	and the death	Do not		S. Main				t, MD	
	shock, or heart failure. List only one cause on each line.								Approximata Interval Between Onset and Death		
_	DUE TO (OR AS A CONSEQUENCE OF):										
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	S A CONSEQUEN	CE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):								
	PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY F										1
DICAL	PART II. Other aignificant conditional c	ontributing to deeth	but not reaul	eaulting in the underlying ceuse given in Pr			Part I. 24a. WAS AN AUTOPSY PERFORMED?				WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEI	1 YES 2 WO OF 0								OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)										
SIC	EXAMINER? 1 YES 2 NO	OSPITAL:	utpatient 3 🗆 D		THER:	e 5 🗆 Reeldence	, , , , ,	nec/6v)			
	27. MANNER OF OEATH 1 Natural 5 Pending	28e. OATE OF INJUR (Month, Day, Year		. TIME C	OF 28c. IN.	URY AT	28d. DESCR		JURY OC	CURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	M 1 YES 2 NO RY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
부	296. CERTIFIER										
COMPLETED	(Check only 1 Chec										
H H	296, SIGNATURE AND THE OF CONTIFIER	29c. LICENSE NUI									
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	OEATH (ITEM 27)			uldie F	AVP	1/2	pth	i F	ast Md
1/homas tingucas M.D. 3 May Idia Ave North East M 31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATURE APR 09'93											, , , , , , , ,

DHMH-16 Rev 1/89

DIRECTOR

FUNERAL

BY

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

5

Susan

31. DATE FILED (Month, Day, Year)

tor1, Cv

32. REGISTRAR'S SIGNATURE

APR

505

5 1993

Dutchman's

Son Daydon Rendell

TO THE HOSPITA
TO THE FUNERA
De filed within 7.
IMPORTANT: 1

Ħ notified

2

must

examiner medical requires that the death certificate be executed within 24 reen signed by the attending physician and completely filler, of Health and Mental Hygiene prior to burial, cremation, event, the traumatic other 0 any been t. of ! HOSPITAL OR ATTENDING PHYSICIAN: The law IEUNERAL DIRECTOR: After this certificate has be within 72 hours after death with the State Dept. If Item 28 is marked, or Item 23 s 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Jesse Hoyt Jr. Arnold 3 4 1993 6:45P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign West Virginia (Month, Day, Year) 4-18-1919 HOURS 1 XM 2 F 73 577-12-0827 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital at Easton Easton Talbot RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? N.Carolina Pamlico Oriental TY YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 28571 USA P.O. Box 811 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES KOrean War 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married White 3 Widowed 4 Divorced 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 12 4 Doctor Pediatrics 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surrame)
Bessie Sisson Jesse Hoyt Arnold, Sr. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Jesse Hoyt Arnold III 1411 Greens Apts., Washington St., Easton, MD 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cemetery, crematory or other place)
Salisbury Crematory Salisbury, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Newnam Funeral Home, P.A. JOHN 2 200 S. Harrison St., Easton, MERCERON MD. CFSP 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final disease or condition Exsangunation resulting in death) DUE TO (DR AS A CONSEQUENCE OF): patic Vena Cava Disruptionand Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Motor Vehide CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY cimhosis + ascites 1 | YES 2 | NO OF DEATHS jaurdice + coagulopathy 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

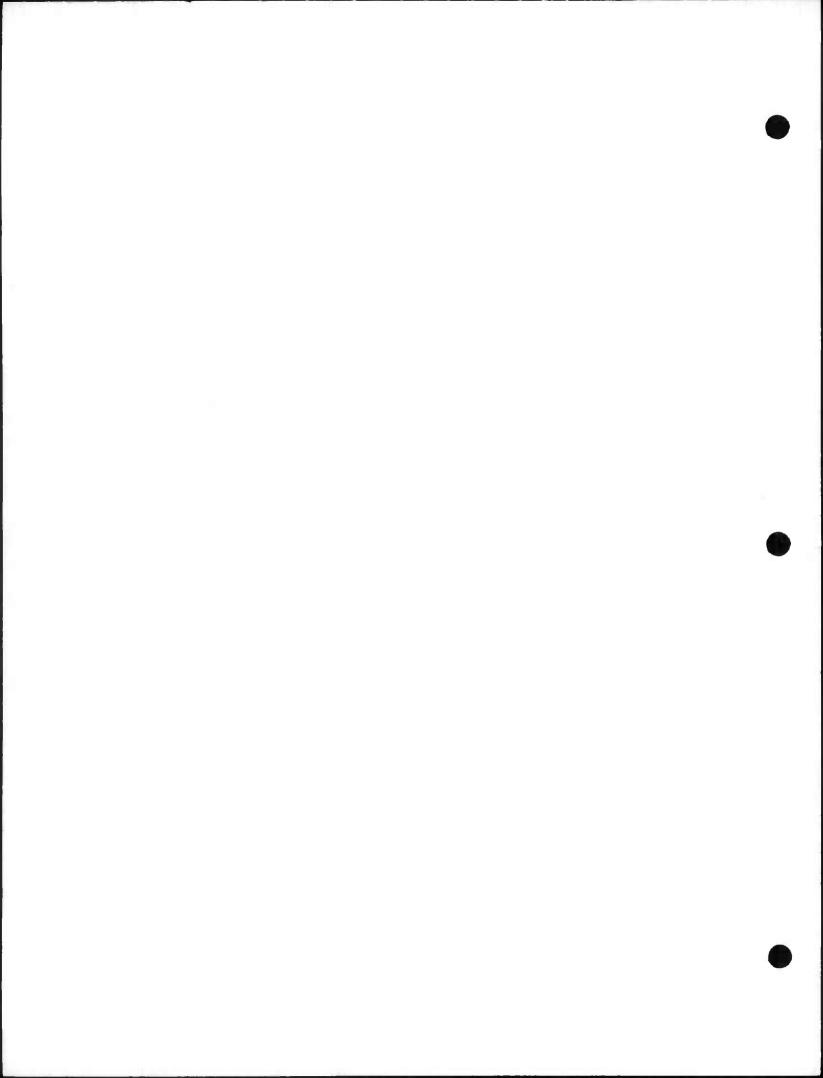
1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. TIME OF INJURY P 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)
4-3-93 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation CN ran off road 1 YES 2 NO 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 6 Could not be 4 Homicide R+333 333 Street 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investig opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 4 ► 4-3-93 36919 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21601

Easton MD

DIVISION OF VITAL RECORDS,	OR ATTENDING PHYSICIAN: The law requires that the dea	DIRECTOR: After this certificate has been signed by the att	d Menta	If Item 28 is marked, or item 23 shows any injury,	
OR	s that	d paul	afth an	any	
REC	require	een sig	of He	shows	
7	WE B	has b	Dept.	23	
1	N: Th	cate	State	Item	
L	SICIA	certif	the	i, o	
0	PHY S	r this	th with	arkec	
0	NDIN	. Afte	r dea	S .	
118	ATTE	S	s afte	28	
5	98	DIR	hour	Her	
(D THE PARTY	THE FLIKERS	De Bied withing 2	IMPORTMRT: II	

	1 - STATE REGISTRAR	TATE OF MARYLANI) / DEPAR	RTMENT O	F HEALTH A	ND ME	NTAL HYGIEN REG. NO.		0 112	
	1. DECEDENT'S NAME (First, Middle, Last)			TOATE (JI DEAT		DATE OF DEATH		3. TIME OF DEAT	TH
	ELIZABETH TAF	FI LYNN			BALDWI			8 9	3 5:25	A
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In yrs	. lest birthday)	IF UNDER 1 YE			DATE OF BIRTH		IRTNPLACE (State or Fo	
	219-37-4955	M 2 XF	YRS.	MONTHS DA	/S HOURS	apriles.	(Month, Day, Year) -3-1993		arvland	
	Sa. FACILITY NAME (If not institution, give street ar	nd number)			VN OR LOCATION			9c. COUNTY		
#9 N.5th STREET DENTON RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Caroline Denton								CARO	LINE	
H.	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	CATION				10d. INSIDE CITY	,
	MD Carolin	ne	De	nton					1 TYPES 2	NO
¥	100. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	Nine North Fifth				2162	9		US	A	
5	11. MARITAL STATUS 12. V Never Merried 2 Married	WAS DECEDENT EVER IN U.S. ORCES? 1 TYES 2	ARMED NO	13. WAS	DECENDENT OF	HISPANIC C	PRIGIN? (Specify Yea	or No- 14, 1	RACE — American Indi- Black, White, etc.	en,
B	3 Widowed 4 Divorced	YES, GIVE WAR OR DATES	X		YES 2 NO		rento incess, accep		Specify: Whit	e
ED	15. DECEDENT'S EDUCATION		DECEDENT'S	USUAL OCCU	ATION		16b. KIND OF BUS	INECC (INOLICE)	w	
E	(Specify only highest grade completed in the complete in the c	e(ed) ege (1-4 or 5 +)		work done during	most of working		log kind of good		• •	
OMPLET	0		N/	A			N/	'A		
CO	t7. FATNER'S NAME (First, Middle, Last)				ts. MOTHE	R'S NAME (First, Middle, Maiden			
BE (Kenneth Duane Ba	aldwin			San	dra	Jean Li	11y		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Str	et and Number or	Rural Route	Number, City or Town	, State, Zip Code)	
-	Sandra Jean Bal					St.,	Denton	, Mar	yland 21	629
	20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal fr	om Stata 20b. PLA	CE AND DATE	OF DISPOSITION	(Name of		OATE 20c. LO	CATION — City of	r Town, Stata	
6	4 Donation 5 Other (Specify) 21. RIGNATURE OF FUNERAL SERVICE LICENSEE	masi	tern	Shore	Crema	tor	4/1 0 G	eorge	town, De	1.
	and the second second	P/11			e Fun			P.A.,	Drawer	R
	~ rancopui	· / / por	2	12 :	5. 2nd	St.	, Dento	n, Md		2
	23. PART I. Enter the diseases, or compli abock, or heart fallure. List o	icetions that ceused the	deeth. Do i	not enter the	mode of dying	, auch aa	cardlec or respin	atory arrest,	Approxima	
	IMMEDIATE CAUSE (Final			70	TV	4	1		Onset and	
	disease or condition e	> Udder	~ 1	NAON	1 0	ear	~ Syn	dron	2	
		DUE TO (OR AS A CON	SEQUENCE O	F):			0			
<u>0</u>	Sequentially list conditions,	DUE TO (OR AS A CON	SEQUENCE O	FI:						
¥	If any, leading to immediate cause. Enter UNDERLYING			,					j	
ᄩ	CAUSE (Disease or injury that initiated eventa	DUE TO (OR AS A CON	SEQUENCE OF	F):						\dashv
CERTIFICATION	resulting in deeth) LAST									
ᄀ	PART II. Other algnificent conditions con-	tributing to death but no	ot resulting	in the under	ulan anuna alu	na la Dad				
ব্ৰ	3000	instang to destir out in	or resoluting	iii the dilderi	ying cause giv	en in Pari	1. 24a. WAS AN		24b. WERE AUTOPSY FI AVAILABLE PRIOR	то
MEDIC							1 YES 2	□ NO	OF DEATH?	AUSE
									YES 2 1	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			21	. PLACE OF DEA	TN /Chack o	nh one)			
S		SPITAL:	3 🗆 DOA	OTHER:						
Ξ		28a. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	_	I. DESCRIBE NOW IN	JURY OCCURE)	-
ВУР	Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	WORK? YES 2	10				- 1
	- Pecidetic	28e. PLACE OF INJURY — All building, etc. (Specify)	home, farm,	street, tectory,	ffica	281	LOCATION (Street a	nd Number or Ru	ral Route Number,	\dashv
12	4 Nomicide determined	and (opening)					City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: 1	To the best of my knowledge,	death occurre	d at the time,	leta and placa, ar	nd due to th	e cause(a) and men	ner as stated,		
O	one) 2 MEDICAL EXAMINER: On t								se(s) end manner sa si	ated.
ш	290. SIGNATURE AND TITLE OF CERTIFIER	0 A.	٨		29c. LICENS				NED (Month, Day, Year)	
8	(launte	rhe M			O.C	.M.E			8-1993	
10	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH	TEM 27) (Type,	Print)						
	TLAKON WK	E(M) 1	11 P	enn Si	reet,	Bal	timore,	Mary.	land 21	201
		2. REGISTRAR'S SIGNATUR	E							
- 17	APR 9 '93 Julia Savidson-Randale									

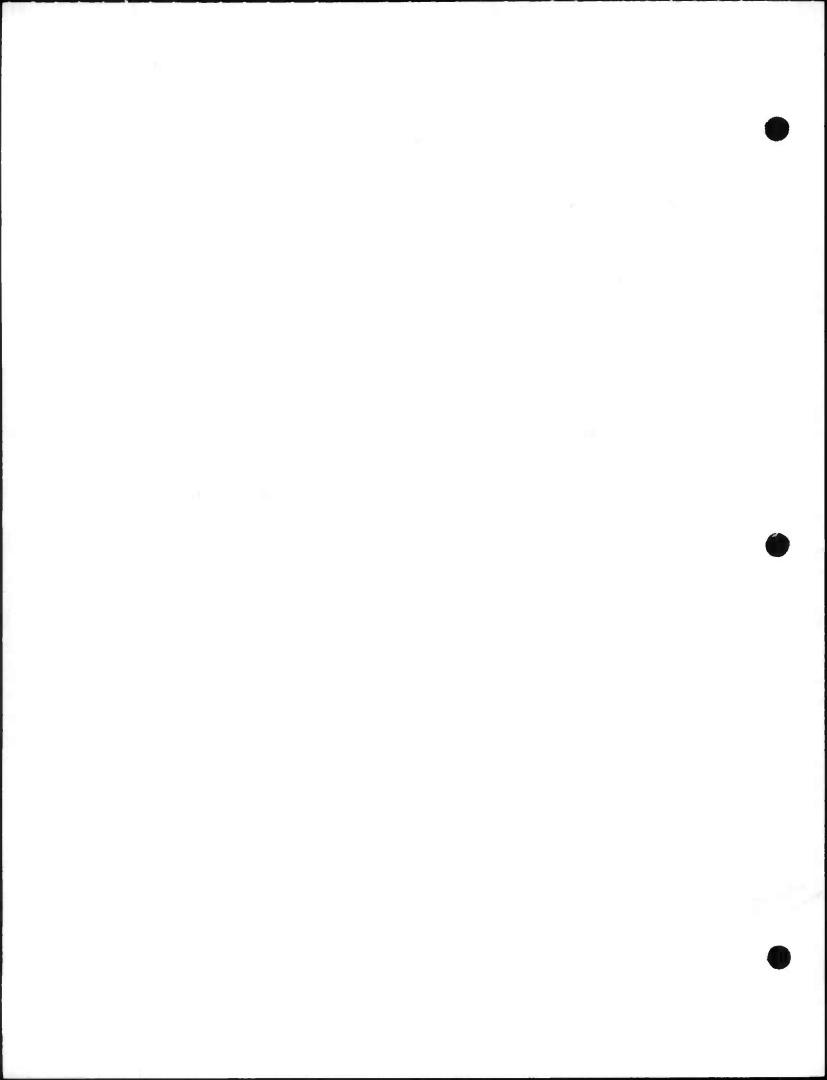


BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME	NT OF H	EALTH AND DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Henry Jo		W	4			1 9	3 5:30 au
	710 16 0000	. SEX 6. AGE (in yrs. ins	YRS. IF U	HS DAYE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-21-191	0	NRTHPLACE (State or Foreign ountry) Minn.
- 65	9a. FACILITY NAME (If not institution, give street	9c. COUNTY	OF DEATH					
DIRECTOR	Memorial Hospi	Memorial Hospital at Easton Easton						
RE	10a. STATE 10b. COUNTY		10c. CITY, TOY	N OR LOCAT	ION			10d. INSIDE CITY LIMITS?
IL DI	Maryland Carol 10e. STREET AND NUMBER	ine	De	enton	ZIP CODE		10a CITIZEN	1 ☐ YES 2 ☑ NO OF WHAT COUNTRY?
FUNERAL	10668 Knife Box	Road			21629		USA	or what cooming
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. AR		13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Ye	a or No- 14. F	RACE American Indian,
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 THE SECOND SE	10		2 NO Specifi	n, Puarto Rican, etc.)		Black, White, atc. Spacify: White
	15, DECEDENT'S EDUCATION		CEDENT'S USUA	L OCCUPATIO	N	16b, KIND OF BU	SINESS/INDUSTR	77
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) (G life.	ive kind of work do . Do NOT use retire	one during mos ed.)	t of working			ater Works
MPI	12	Co	nstruc	tion	Forema		_	
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden	Sumame)	
BE	Edward		adshaw		Eliza			Dellbow
6	19a. INFORMANT'S NAME (Type/Print) Patricia A. Grit					Route Number, City or Tow		
	20a. METHOD OF DISPOSITION					d., Dent		
	1 Burial 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	I from State cemetery, cre	matory or other pla	ice)		4/14	CATION — City of	2-11-1-1-1-1-1
	21. SIGNATURE OF FUNERAL SERVICE LICENS		on Cem	22. NAME AN	D ADDRESS OF FA	CILITY		
- 1	* Karen In.	Wegener	-			ral Home Denton,	•	
	23. PART I. Enter the diseases, or com	plications that caused the de t only one cause on each line	ath. Do not en					Approximata
	IMMEDIATE CAUSE (Finei	Diny one cause on each line	. 1.					interval Batween Onset and Death
	disease or condition resulting in death) a	Wagulop.	athy					
		DUE TO (OR AS A CONSEC	DUENCE-OF:					
ON	Sequentially list conditions, b	DUE TO (OR AS A CONSEC	DUENCE OF					
CAT	if any, leading to immediate cause. Enter UNDERLYING		. ,.					į į
E	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A CONSEC	QUENCE OF):					
CERTIFICATION	resulting in death) LAST							
_ 1	PART II. Other significant conditions of	ontributing to deeth but not r	eaulting in the	underlying	ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	Denutra, a	theroschoote	Cerrel	10 Very	50	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AE I	disease					1 TYES 2	NO	OF DEATH? 1 YES 2 NO
ä								1 120 2 100
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
YSI		OSPITAL: C Inpatient 2 ER/Outpatient 3	DOA 4 0		5 Rasidenca	8 Other (Specify)		
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	IRY AT	28d. DESCRIBE HOW	NJURY OCCURE)
B	1 Natural 5 Pending 2 Accident Investigation		М		ES 2 NO			
8	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street,	factory, offica		28f. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,
COMPLET	29a. CERTIFIER Check only	N: To the best of my knowledge, da	ath occurred at th	ne time dete	and place, and due	to the squee(s) and me	nor no stated	
MO		On the basis of examination and/or i						se(a) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			NED (Month, Day, Year)
38 C	Vel 1 () low				03974	19	► 4//	1/43
유	39 NAME AND ADDRESS OF PERSON WHO CO		1	1	6	1 000		7
4	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE	h, nems	Len "	045	100		
	APR 1 3 '93	Ticha Davidson-Pan	dell					



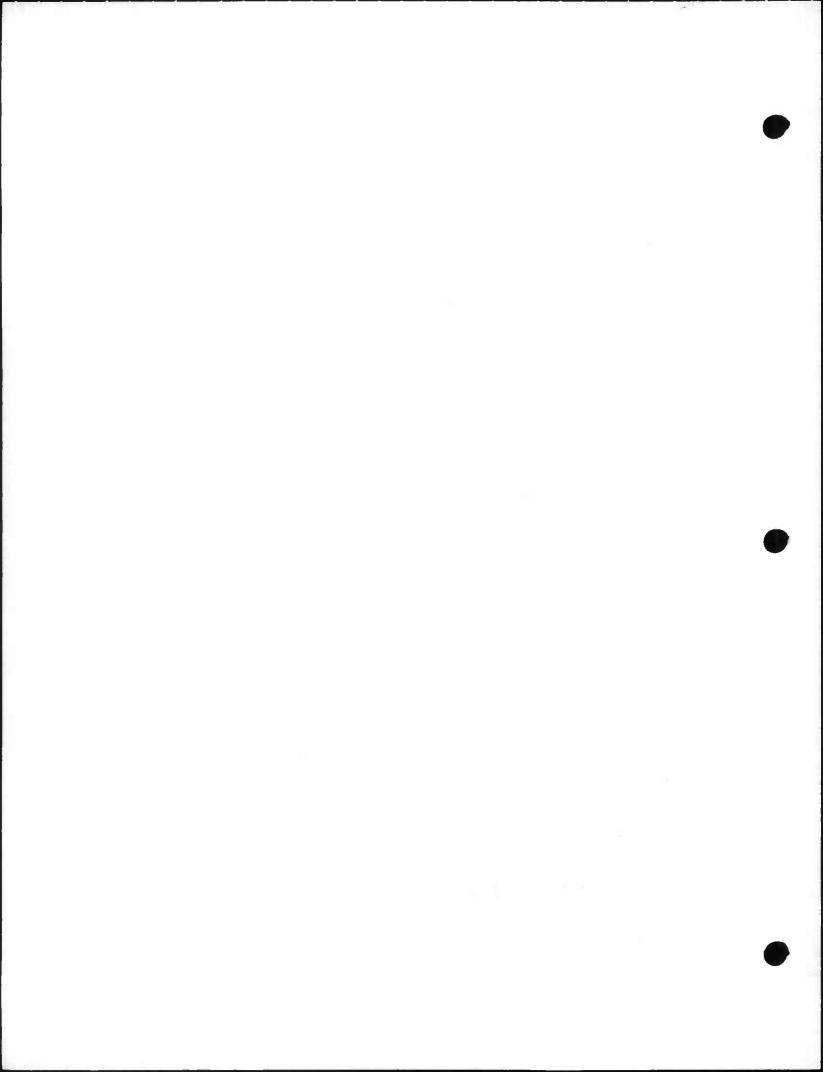
BALTIMORE, MARYLAND 21215-0020	iter death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IN THE ELY RAL DIRECTOR: After this certificate has been signed by the attending physician. IN THE ELY RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND N	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				· ·				2. DATE OF DEATH		3. TIME OF DEATH
	Arthur	н.	Brown						MONTH D	2 93	8:47 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	218-01-0799	1X M 2 □ F	8	5 yrs.	MONTHS	DAYS	HOURS	MIN.	03/01/0	0	country) aryland
1	9e. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, T	TOWN O	R LOCATION	ON OF DEA		9c. COUNTY	
E C	Memorial Hospi	ital at	Easton			700	ton				
DIRECTOR	RESIDENCE OF DECEDENT		Buoton			145	1011			Ta1b	00E
R	10e. STATE 10b. COUNT	•		10c. CIT	Y, TOWN OR						10d. INSIDE CITY LIMITS?
4		chester					Hurl	.ock			1 X YES 2 NO
PA	100. STREET AND NUMBER 102 Thompson	Stroot				101.	ZIP CODE	643			OF WHAT COUNTRY?
FUNERAL											.S.A.
5	11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2 X		13. W	AS DEC	ENDENT O	F HISPANI n, Mexicen	C ORIGIN? (Specify Ye., Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1[YES	2 X NO	Specify			specify: White
	15. DECEOENT'S EDU	CATION	16a, OE	CEDENT'S	USUAL OCC	HPATIO	NA .		16b, KIND OF BU	SINESS (IND. IS	TOW
Ш	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	lite.	Do NOT us			st of workin	g			
립	Sixth	conege (1-4 of 5 f	'	Mecl	nanic	2			Farm E	quipm	ent
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7- 1 -					18. MOTE	ER'S NAM	E (First, Middle, Maiden	Sumame)	
BE C		Jacob E	rown						ie Wheat		
	19a, INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street at	nd Number	or Rural Ad	oute Number, City or Tow	n, State, Zip Co	de)
일	Mrs. Catherine	L. Bro	wn P	.0.	Box	31	2, F	Iur1	ock, Mar	yland	21643
	20a, METHOD OF DISPOSITION 1-D Buriel 2 Cremetion 3 Rem	ound from State	20b. PLACE	ND DATE	OF DISPOSIT	ION (Nai	me of		OATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)		Unit	y - W	äshin	gt	on (em.	4-15 Hur	lock,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			F r a	AME AN	D AOORES	S OF FAC	kins-Fsk	OW EII	neral Home
- 8	Muchail 7-8	skow			PO	Bo	x 43	, F	ederalsh	ura.	MD 21632
	23. PART I. Enter the diseases, or	complications that	caused tha de	ath. Do i							
	ahock, or heart failure. iMMEDIATE CAUSE (Final	Liat only one cau	se on aach iine.			1					Intarval Batween Onset and Daath
	disesse or condition resulting in death)	. Wort	Mus	CAN	1,1	de	War	cker	7_		Im
	resulting in death)	OUE TO	OR AS A CONSEC	UENCE O	7009 F):	-	1.		2 Carl Des		1200
z	Commented that are that	. Hypur	tensus	Evz	terio.	scli	who	He	ense Des	earl	
RTIFICATION	Sequantisity list conditions, if any, lastling to immediate	/ OUE TO	OR AS A CONSEC	UENCE O	F):						
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	с									
발	that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	NUENCE O	F):						
병		d									
	PART II. Other significant condition	a contributing to	death but not re	suiting	in the unde	erlying	cause g	iven in P	art L 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICA	Corebral 1926	erosel	w mess	Mh	7 Alus	un (and	Ke	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	Dialeter Mill	Les		-	7	1-	len	NEN	11		OF DEATH?
								f	2-1		I I IES Z I NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DI	EATH (Chec	ck only one)		
Sic	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpetlent 3	□ DOA	OTHER:	ng Home	5 🗆 Ro	sidence 8	Other (Specify)		
美	27. MANNER OF DEATH	28e. DATE OF (Month, Da		28b. TIM	-	Bc. INJL	JRY AT	-	28d. DESCRIBE HOW I	NJURY OCCUR	ED
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(Morali, De	ly, rour,	ING	M	WO!	ES 2	NO			
ED B	3 Suicide 8 Could not be	28a. PLACE OF	FINJURY — Al hor	ne, farm,	street, factory	y, office)	-	28f. LOCATION (Street	and Number or F	Rural Route Number,
빝	4 Homicide determined		oter (apoutty)						City or Town, State)		
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ith occum	ed at the time	e, date	and place.	and due to	o the cause(s) and mer	ner as stated.	
NO.											suse(s) and manner as stated.
ECC	29b. SIGNATURE ANO TITLE OF CERTIFIE				_			NSE NUME			GNEO (Month, Day, Year)
00	William 1	Halon	AM	()			De	187	15	D 41	13/62
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEN	27) (Type,	Print)			_ /.	<i>a</i> •	- ' /	/1 >
	William 17	Wood	Jr		E	A	Sia	M	MD.		
	31. DATE FILEO (Month, Day, Year)	22 REGISTRAL	SIGNATURE	A 00				1			
	WAK TO AR	and ville	most a-Mario	Wille.							

distribution in

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Braddis James Brown April 13, 1993 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 214-12-6860 Virginia DAYS HOURS 73 YRS. 1 X M 2 | F hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 402 Federal Gardens Federalsburg Caroline RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Federalsburg Maryland Caroline 1 X YES 2 | NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10c. CITIZEN OF WHAT COUNTRY? 402 Federal Gardens 21632 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 50 If yes, specify Cuben, 1 ☐ YES 2 DENO 1 Never Married 2 Married Black ВУ Specify Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Jery (0-12) College (1-4 or 5+) Poultry Poultry Processor 9th Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Zeb Brown Ħ Sophie Mae Brown BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara B. Jones 10792 Lewistown Rd., Cordova, MD 21625 pe 20a, METHOD OF DISPOSITION
1 & Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Johns Cemetery 4-1 4 Donation 5 Other (Specify) Preston, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Framptom-Hawkins-Eskow Funeral Home Muhael 7 - Esker P.O. Bx 43, Federalsburg, MD 21632 filled in by the fution, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. interval Betw IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, the disease or condition cardiac arrest TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremat IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, it 0 resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION 13 yrs Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING coronary arthrosclerosis ? CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST general arthrosclerosis ? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY recent total knee replacement 1 | YES 2 NO osteoarthritis 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 ☐ Nursing Home 5 N Residence 6 ☐ Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investiga 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D11021 ▶ 4/16/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) R. Trapnell, M.D., 128 Bloomingdale Ave., Federalsburg, Md. APR 16 93 32, REGISTRAR'S SIGNATURE who Davidson-Randall

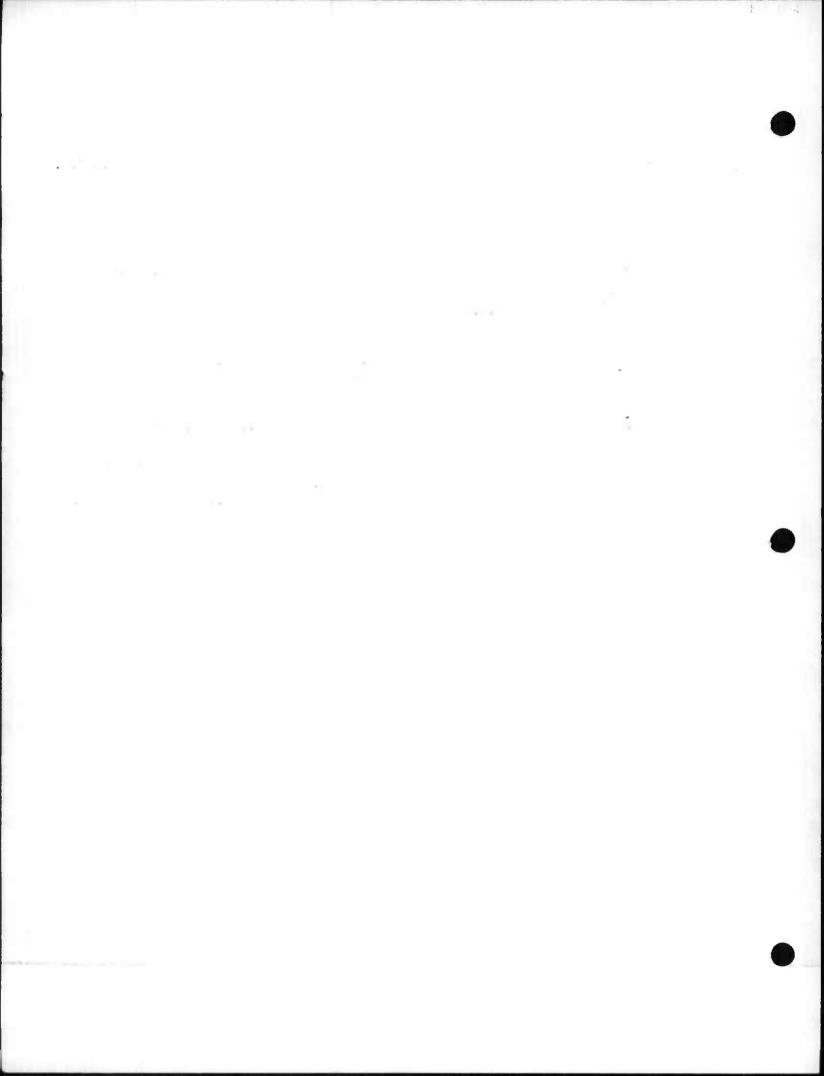


BALTIMORE, MARYLAND 21215-0020	a hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
OVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DB HENDING PHYSICIAN: The law requires that the death certificate be executed within za hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF HE		IENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	_		2		2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	ANTH	DNY DA	ANE E	Rown)	4 13		3 4P M
	4. SOCIAL SECURITY NUMBER 460 - 35 - 9192	5. SEX 6. AGE	(In yrs. last birthday) Z_Z YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) MISSOURI
	9a. FACILITY NAME (If not institution, give str			96. CITY, TOWN OR			9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	ON DERR	7	LAUR			PRIN	CE GEORGE'S
	10a. STATE 10b. COUNTY RING	LE GEORGE	56 10c. CIT	, TOWN OR LOCATION				10d, INSIDE CITY LIMITS? 1 V YES 2 NO
1 P	100. STREET AND NUMBER			101. 2	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	8/08 LONDON		-	2	0707		U	.S.A.
글	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECEM	NDENT OF HISPANI	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc.
à l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR C	DATES	1 🗆 YES 2				white
0	15. DECEDENT'S EDUC		18a. DECEDENT'S	USUAL OCCUPATION	1	18b. KIND OF BUS	SINESS/INDUS	
E	(Specify only highest grade of Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of v	vork done during most	of working			••••
<u> 4</u>		4 Years	Student	t		College	е	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NAM	E (First, Middle, Melden		
BE	Larry Dale Brown				Linda H	urley		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and	I Number or Rural Ro	oute Number, City or Town	n, Statu, Zip Co	de)
-	Larry Dale Brown		8108	Londonde	rry Cour	t, Laurel	, Mary	land 20707
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remo	val from State 20	b. PLACE AND DATE (OF DISPOSITION (Name ther place)	e of			or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		etro Cre	matory, I			onsvil	le, Maryland
	1)/1 -1/0	1		Donald	son Fune	ral Home,	P.A.	
	NoWell Lay	Lonald		313 Ta	lbott Av	e. Laurel	, Mary	land 20707
	23. PART I. Enter the diseases, or conshock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	list only one cause on a	each line.				ratory arrest	Approximats interval Between Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	P:	110 /			
z		MAJOR DUE TO (OR AS	- 0-500	Reins				
[음	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	7:				
5	CAUSE (Disease or injury							
E	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ጉ):				
CERTIFICATION	- 1							
AL	PART II. Other significant conditions	contributing to death	but not resulting i	in the underlying	cause given in P	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
						1 YES 2	4.4	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC							~1	1 YES 2 NO
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Chec	k only one)		
YSI	1 CYES 2 NO	1 Inpetient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence 6	Other (Specify)		
PH	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. INJUI	RY AT K?	28d. DESCRIBE HOW II	NJURY OCCUR	ED
B	2 Accident Investigation	NIA			S 2 NO			
0	3 Suicide 8 Could not be 4 Nomicide datermined	28s. PLACE OF INJURY building, etc. (Spe	Y — Al home, farm, s ocify)	street, factory, office		28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
COMPLET	29s. CERTIFIER 1 CERTIFYING PHYSIC	TANK To the head of our	uladna d sa					
MP		EIAN: To the bast of my known: Con the basis of examination						suse(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	a Arms	be Appell					71 71 12
BE	Aurola Dulnol	NO POPUL	7 11011	COC !	1) O / R	202		GNED (Morth, Day, Year) 12~93
5	30. NAME AND ADDRESS OF PERSON WHO	and the sales	EATH (ITEM 27) (Type,	Print)	y Hus	Hoville		
	31. DATE FILED (Month, Day, Year)	33, REGISTRAR'S SIGN	NATURE	100/0	7 174	IJQUITE	N &	2.81
4	100 4 4.5	Grana Dairidan	A. BOOK BOOK BOOK					

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	H	王皇	2
	TO THE HOSP IN OR ALENDAG PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNE BY DRANGER OF THIS BUT KEATE HAS DEEN SIGNED BY THE ATTENDING PHYSICIAN AND BE FILED WITHIN TO DRANGE HAVE BY THE ATTENDED FOR TO BE THE WITHIN THE MENTAL HYGIENE PRIOR TO BE	IMPORTANT, If them get is marked, or item 23 shows any injury, or other trauma
	-	-	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	* 70.00				DEATH	REG. NO 2. DATE OF DEATH MONTH D	AY YI	3. TIME OF DEATH	
		71100		SHALL I	BAINE	S	4 14	9	3 1240,	
			(In yrs. last	VRS. WONT	HE DAYE	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year) 11 14	17	BIRTHPLACE (State or Fore Country) Wash., D.C	
	9s. FACILITY NAME (If not institution, give stre					OR LOCATION OF D	EATH	9c. COUNTY		
TOR	Howard County Ge	neral			Colum	bia		Ho	ward	
DIRECTOR	Maryland Howa	rd		10c. CITY, TOY Fult		ATION			10d. INSIDE CITY LIMITS? 1 YES 2 X	
FUNERAL	10e. STREET AND NUMBER	9 40 4			1	Of. ZIP CODE		1	OF WHAT COUNTRY?	
NE	6910 Pindell Scho		IN II C ADM	T I	12 WAS DE	20759	NIC OBICINA (Secolo, Ve		RACE — American Indian	
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR W . W . I	DATES	D NED	If yes, s		NIC ORIGIN? (Specify Yesn, Pusitio Rican, stc.) y:	8 OF NO. 14.	Black, White, etc. Specify: White	
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		(Gh	EDENT'S USUA	one durina n	TION nost of working	16b. KIND OF BU	SINESS/INDUS	TRY	
LETI	Elementary/Secondary (0-12)	College (1-4 or 5+)	He.	Do NOT use retin	ed.)		17.0	0		
COMPL	17. FATHER'S NAME (First, Middle, Last)		rial	nner Es		18. MOTHER'S NA	ME (First, Middle, Meiden	Govern	ment	
	unknown						nown			
) BE	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	RESS (Street	t and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ide)	
2	Kitty S. Baines		(5910 Pi	nde1	1 School	Rd., Fultor	, Md.	20759	
li	20a METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Remove	val from Stats	other place	ce)		emetery, cremetory or			y or Town, State	
	4 Donation 6 Other (Specify)		Colu	ımbia M		ial Park		1umbia	, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	1 1 / 4	7				KE FUNERAL	HOME		
	23. PART I. Enter the dispesses, or co	. Welke	-	4	112 (Old Colum	bia Pk.,E1	licott	City, Md.2	
NO	immediate cause (Final disease or condition reaulting in death) s. Acute Respiratory Failure Due to (or as a consequence of): Chrice Obstructive Pulmonary Sisease Due to (or as a consequence of):									
CERTIFICATION	if any, loading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): COY PULL ON all DUE TO/(OR AS A CONSEQUENCE OF): A Cherolecte Cardio Vasculer Disease									
MEDICAL	PART II. Other significant conditions	contributing to death	but not re	esulting in the	e underlyl	ing ceuse given in	1 Part I. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY FIRMALABLE PRIOR 1 COMPLETION OF COOF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		1 00		PLACE OF DEATH (C	heck only one)			
YSI	1 TYES 2 ANO	Inpetient 2 ER/Ou		DOA 4			6 Other (Specify)			
	27. MANNER OF DEATH 1 Neturet 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY		NJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED	
6	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJUI building, etc. (Sp	RY — At hor	me, farm, street	, factory, of	fles	28f. LOCATION (Street City or Town, State	snd Number or e)	Rural Route Number,	
TED BY		SAN: To the heat of my lone	owtedge, de							
MPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	1: On the basis of sxaminat	tion and/or I	nvestigation, in	ту ориноп	, coatti occarea at ti		100 100 100		
BE COMPLETED	(Check only one) 2 MEDICAL EXAMINES	to On the basis of examinat	ANK	4)		29c. LICENSE NO	MBER 69	29d. DATE S	BIGNED (Month, Day, Year) - 14-93	
MPLETED	(Check only one) 2 MEDICAL EXAMINES	1: On the basis of sxaminat	ANK DEATH (ITEM	4)	2 01	29c. LICENSE NO	1 / 16	29d. DATE S	Control of the second	



marked,

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omysician.	burial-transit		
the state of the s	are has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
THE HUSPING	detached for		once.
ובופווובה הא	5 should be		notified at
ac o may no	frector, page		tern 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ol vestil. r a	the funeral d	Val.	examine
מונה ביוסטון	lled in by	n, or remo	e medica
The second of	ompletely fil	il, cremation	event, the
200	sician and c	nor to buria	traumatic
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3	by the att	and Menta	ny injury,
000000000000000000000000000000000000000	been signed	. of Health	shows at
	has	Depl	п 23
	ate	tate	te

BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

93 11939 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Russell Edgar Brenneman 1993 4 6 10:00 ам 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 - F DAYS HOURS 6/11/1915 77 218-24-8755 Bittinger, MD 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH DIRECTOR Rtl, Box 105; Rock Lodge Road Accident Garrett RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Garrett Accident 1 YES 2 X NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rt1, Box 105; Rock Lodge Road 21520 USA 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Merried BY 1 TES 2 Y NO Specify: 3 Widowed 4 Divorced Specify:White WW ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 9 <u>Farmer</u> Farming 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Simon Brenneman BE Susie Klotz 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Brenneman Box 105; Accident Maryland 21520 20a, METHOD OF OISPOSITION
1 ₩ Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE Bittinger Cemetery 4/9/93 Bitti Newman Funeral Homes, P.A. Donation 6 Other (Specify) 4/9/93 Bittinger, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES Rumau 155 Main Street; Grantsville, MD 21536 23. PART I. Enter the diseases, or complicatione that caused the daeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart fellure. List only one cause on each line. Interval Batween Onaet and Death IMMEDIATE CAUSE (Final disease or condition Sudden Gunshot wound, upper abdomen, shot-gun resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in deeth) LAST PART II. Other algnificant conditions contributing to dasth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS Parkinson's Disease - several years MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 X NO Coronary artery disease. Angioplasty at least twice 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Recidence 6 X Other (Sp. W. Goded area behind home YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF OEATH 28e. DATE OF INJURY (Month, Day, Yeer) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident XX Suicide 4 Homicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner ee stated. 294 SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. OATE SIGNED (Month, Day, Year)

D 05658

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

EGISTRAR'S SIGNATURE

Herbert H. Leighton, M.D., 502 E. Oak Street, Oakland, Maryland

April 8, 1993

THE STATE OF THE S

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

											0.0	
FOR STATE REGISTRAR	STATE OF N	IARYL	AND /	DEPAR ERTIF	TMEN	T OF H E OF	IEALTH DEAT	AND I	MENTAL HYGIEN		93	11940
1. DECEDENT'S NAME (First, Middle, Last)						-			2. DATE OF DEATN			3. TIME OF DEATH
	NANN]	E		Μ.		BARB			April 10	MY 199	YEAR 3	3:30 a M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE	'In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTN	,,,,,	8. BIRTI	HPLACE (State or Foreign
214-07-0979 1 1 M 2 X) F 94 YRS. MONTHS DAYS HOURS MHN. May 2,1898 WEST V							(44					
9e. FACILITY NAME (If not institution, give s					9b. CITY	Y, TOWN C	OR LOCATION	ON OF DE	EATN	9c. COL	INTY OF D	EATH
Memorial Hospi	tal					Cumb	erla:	nd		A1	lega:	nv
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	,			40 - CIT	W 7001001	001001	2011					
MADVIAND ALLEGANY								10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
10e. STREET AND NUMBER						101	. ZIP CODI			10g. CI1	IZEN OF V	WHAT COUNTRY?
235 PACA STREET 21502 U.S.A.							<i>A</i> .					
1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, W						E — American Indian, k, White, etc.						
3 X Wildowed 4 Divorced							WHITE					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT user ratified.) 16b. KIND OF BUSINESS/INDUSTRY												
Elementary/Secondary (0-12) College (1-4 or 5+) HOMEMAKER HOME												
17. FATHER'S NAME (First, Middle, Last)							18. MOTI	IER'S NA	ME (First, Middle, Maiden	Surneme)		
NOAH RIGGLEMAN							AN	GEL	A ROHRBAI	JGH		
19a. INFORMANT'S NAME (Type/Print)			19k	. MAJLING	ADDRES	S (Street e	nd Number	or Rural I	Route Number, City or Tox	rn, State, Zi	p Code)	
GENEVA ATKINSO	N		2	22 S	<u>. L</u>	EE S	STRE	ET .	 CUMBERT 	AND	, ME	21502
20s. METNOD OF DISPOSITION 1 □X Buriel 2 □ Cremation 3 □ Remo	oval from State			ND DATE (me of		OATE 20c. LC	CATION -	City or To	rwn, State
4 🖺 Donation 5 🗆 Other (Specify)			NSE	T ME	MOR	IAL	PAR	K 4	1-13-93 (CUMB	ERL A	AND, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				22.	NAME AN	D ADDRES	S OF FA	CILITY			
Vende 9	Texher	ich)		2	02	GREE	NE	TÜRCH FUN ST.,CUMB	ERLA	ND, N	1E, P.A. 1D 21502
23. PART i. Enter the diseases, or of shock, or heart failure.	complications that	caused	the de	eth. Do n	ot enter	the mo-	de of dyi	ng, suc	h as cardiac or reep	iratory ar	reat,	Approximate
IMMEDIATE CAUSE (Final disease or condition		1/	DI	-0	RE	-5/	TRI-	710	RU AK	RE	17	Onset and Death
resulting in deeth)	a. DUE TO	OR AS A	CONSEC	DUENCE OF) · U	V 1 2		101	7	10.	,	
_	302.10	(011 710 7	/	/ /	1.		10		Dra			
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A	CONSEC	TUENCE OF	(U)	1	DY U	M	Mich			
CAUSE (Disease or injury	C	OD 40 -	CONTRACT	HIENCE CO								
that initiated eventa resulting in death) LAST	1	UH AS A	CONSEC	OUENCE OF	J:							

PIT II.	Other signitican	t conditione	contributing	to deeth	but not re	eulting in	the underlying	ceuse giver	In Part
	M	-			_ /		//	Julia Bira	
	1.63	COSSI	Loc	no a	[dei	. (1)	1d 00	0	
	/	000		/		1	1/	-	
_	/		-	6	Name of Street, or other Designation of the Street, or other Desig		//		

24a. WAS AN AUTOPSY PERFORMED?

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

EYAMINED?	ERREO TO MEDICAL
1 TYES 2	
27. MANNER OF DE	ATH
1 Natural	5 Pending
2 Accident	Investigation
3 Suicide	6 Could not b

4 Nomicide

6 Could not be determined

HOSPITAL:
1 Inputient 2 - ER/Outputient 3 - DOA 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY

26. PLACE OF OEATH (Check only one, OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify)

> 29c. LICENSE NUMBER D 19318

26c. INJURY AT WORK? 26d. OEŞCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

29e. CERTIFIER	4 Harriston Division - 1
(Check only	1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) and menner ee stated.
one)	2 MEDICAL EXAMPLE O. A. A. A. A. A. A. A. A. A. A. A. A. A.

tion end/or investigation, in my opinion, death occured at the time, data end pieca, and due to the cause(a) and menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER

		/	7/19				
00.	NAME AND AODRESS	OF PERSONA	VHO SOME ETED	CALISE OF	DEATH //TEM	27) (Tma	Outest

Ranjithan-517 Oldtown Road-Cumberland, MD 21502

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BALTIMORE, MARYLAND 21215-0020	ISINCLAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	as certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hydiene prior to buriat, cremation, or removal.	medical examiner must be notified at once.	
PIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HISPARIA OF ATTENDING PARSICIAN: The law requires that the death certificate be executed within 24	TO THE POWER CONCIDENTALING SMITTGRIB has been signed by the attending physician and completely filled in by the fune be into minimal properties and manual completely filled in by the fune being minimal and manual properties of removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

Dr.

31. DATE FILED (MODITI), DBY, YORY)
APR 15 1993

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	EALTH DEAT	AND I	MENT	TAL HYGIEN REG. NO		3	11941	
1	1. DECEDENT'S NAME (First,	Middle, Last)	DAISY	BLANCHI			KLE			MO	TE OF DEATH	NY.	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		5. SEX	5. AGE (In yrs. las	t birthday)	birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.		24 HRS.	April 10,19 7. DATE OF BIRTH (Month, Day, Year)		0,199	8. BIRTHPLACE (State or Foreign Country)			
	233-34-563		1 🗆 M 2 💢 F	68	YRS.				23277		7/25			domney, WV	
Æ	9a. FACILITY NAME (If not institution, give street and number) Memorial Hospital					96. CITY		n LOCATIO		EATH			1100		
5	RESIDENCE OF DECEDENT					Cum	Jel Is	ina			A	lleg	any		
DIRECTOR	10e. STATE MD	All	egany		10c. CIT	Cumb								10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 537 N. Centre Street						101	2150	_		-	10g. CITIZ	US	HAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed WX Divorced 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 WIF YES, GIVE WAR OR DATES			MED IO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:			or No—	r No— 14. RACE — American Indian, Black, White, atc. Specify: White						
COMPLETED	(Specify only highest grade completed) ((C			tve kind of a Do NOT us	T'S USUAL OCCUPATION of work done during most of working use retired.) USSIC HOUSE cleani										
BE CON	17. FATHER'S NAME (First, Middle, Last) George G. Buckley										nt, Middle, Melden Le Weath		lt		
Darlene Black 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rt. 3, Box 43, Cumberland, MD 21502 20e. METHOD OF DISPOSITION															
							Romney, WV								
	21. SIGNATURE OF FUNERAL	AL 1	MARTE	+				D ADDRES	SS OF FAC	CILITY		r Fur	neral	Home, Inc.	
	23. PART I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disease or condition	eart tallure. I	complications the List only one cou	ise on aach iine	ath. Do i	not antar	tha mo	da of dyi	ng, sucl	h aa ci	ardiac or reapi	ratory arri	eat,	Approximata interval Between Onset and Daath	
	resulting in death)	→ ,	n	(OR AS A CONSE	DUENCE O										
ATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSEC	·	tion					_				
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS	ry	DUE TO	(OR AS A CONSEC	UENCE O	F):									
PHYSICIAN: MEDICAL C								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	l:	ACE OF D			one) ther (Specify)				
BY PH		Pending nvestigation	28a. DATE OF (Month, D		28b, TIM INJ	E OF URY M		URY AT RK? 'ES 2] ND	28d. D	DESCRIBE HOW II	JURY OCC	VRED		
		Could not be letermined	28e. PLACE O building,	F INJURY — At horetc. (Specify)	me, term, :	street, facto	ory, office			28t. LC	OCATION (Street a ity or Town, State)	nd Number	or Aural Ro	oute Number,	
COMPLETED	29a. CERTIFIER (Check only nne) 1 CERT	CAL EXAMINER	CIAN: To the best of R: On the basis of ea	my knowledge, de samination and/or is	oth occurre	ed at the ti	me, data pinion, d	and place,	end dua	to the d	cause(a) and men	ner as state	ed. ceuse(s)	and menner as stated.	
H		be certified	-/-					29c. LICE	NSE NUM	18ER				(Mooth, Day, Year)	
임	30. NAME AND ADDRESS OF	PERSON WIN	COMPLETED CAUS	E OF DEATH STEE	4 AT /T	D.C.		ח	3676	0				(")	

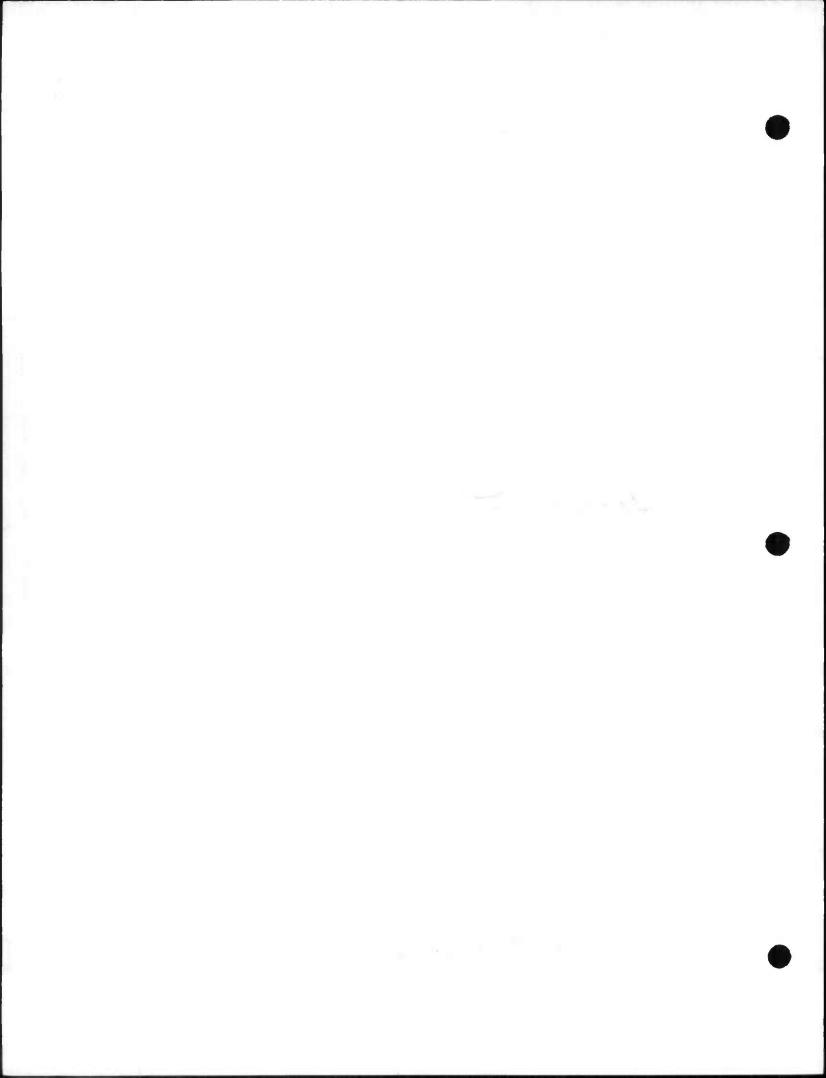
NAME AND ADDRESS OF PERSON WING COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Box

338-Cumberland, MD

21501

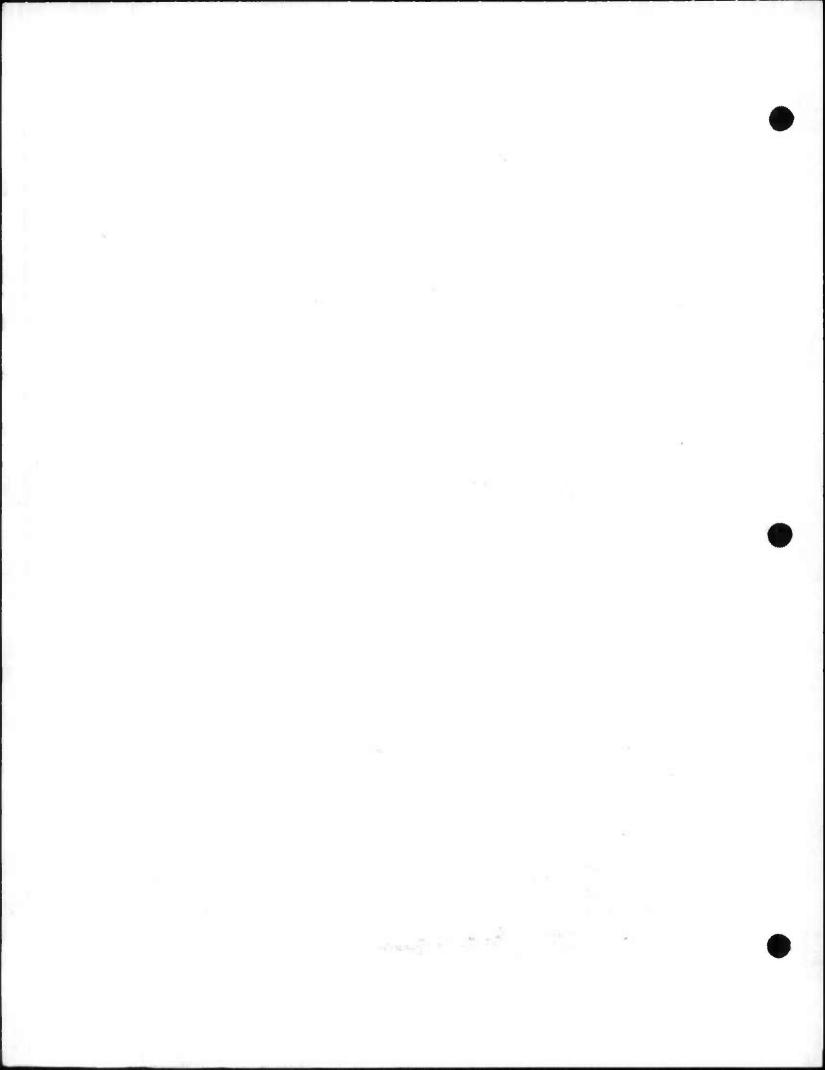
Vik Poonai-P.O.



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	5 should be detached for use as the burial-transit permit. Pages 1, 2,		
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eath. Page 6 may be retained by the hospital	ysician and completely filled in by the funeral director, page 5 sho	burial, cremation, or removal.	amin
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the o	, the	d Mer	injur
s that	ned by	ith an	any
i: The law requires the	n sig	J Hea	DOWS
J WE	as bee	ept. c	23 sl
The	ate hi	tate D	tem
CIAN	After this certificate has been signed by the	the S	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
PHYS	this c	With	rked,
DING	After	death	s ma
-	ñ	è	28

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF	HEALTH AND		IYGIENE IEG. NO.	J (111146	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH	
	LEOLA BERY	YLE BECKM	AN			APRII	11 10	993	5:35 P. M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH	-	THPLACE (State or Foreign	
	219-46-0654	1□M2 XF 93	YRS.	ONTHS DAYS	HOURS MIN.	AUG 9		Cour		
	9a. FACILITY NAME (If not institution, give :		9	b. CITY, TOWN	OR LOCATION OF D			OUNTY OF		
۳ ا	DEVLIN MANOR	NURSING	HOME	CIIN	BERLANI)	1	30.71	LEGANY	
1	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	RESIDENCE OF DECEDENT						Au.	DEGANI	
DIRECTOR	Alta well and a second			TOWN OR LOCA					10d, INSIDE CITY LIMITS?	
	MARYLAND A	ALLEGANY	Ct	JMBERI					1 YES 2 NO	
ERAL				11	of, ZIP CODE		10g. C		WHAT COUNTRY?	
N N	202 WILMONT A	12. WAS DECEDENT EVER IN			21502				S.A.	
FUN	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico	en, Puerto Ricar		- 14. RAI	CE — Americen Indien, ick, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 🗆 YE	S 2 NO Specif	fy:		Spe	WHITE	
	15. DECEDENT'S EDU (Specify only highest grade	JCATION	16a. OECEDENT'S US	UAL OCCUPAT	ON	16b, KIN	D OF BUSINESS/	INDUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during m etired.)	ost of working					
<u> </u>	8		Homem	aker			Home	emake	er	
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middl	e, Maiden Surname)		
BE	JOHN BRENNE	MAN			MAUE	E Dew	itt			
5	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street	end Number or Rural	Route Number, C	ilty or Town, State,	Zip Code)		
	LOUISE M. BRO					CUMBE	RLAND.			
	200 METHOD OF DISPOSITION 1.4 Burlel 2 Cremation 3 Rem	noval from State com	PLACE AND DATE OF etery, cremetory or othe	r nlacel	ame of	DATE	20c. LOCATION			
- 1	4 Donation 8 Other (Specify)		ILLCREST		APRIL		993 CU	MBEI	RLAND, MD.	
	A 1 0	Most			NO ADDRESS OF FA ERRITT-		FUNES	ΔΤ. Τ	HOME	
	Vale d.	Jerril		4	04 DECA	TUR S	TREET	CIII	BERLAND MI	
1	23. PART I. Enter the diseeses, prahock, or heart failure.	compilications that caused List only one cause on ea	the deeth. Do not	enter the m	ode of dying, aud	h aa cerdiac	or respiretory	arreat,	Approximate	
ļ	IMMEDIATE CAUSE (Final	and only one course on ea	cii iiiie.						Intervel Between Onset and Death	
	disease or condition resulting in death)		CONSEQUENCE OF):						14	
١					· ·					
5	Sequentially list conditions,	0.	4-SCVI)					gre	
1	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
5	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):							
HILLCALION	requiting in death) LAST		,						į	
5		d								
₹	PART ii. Other algnificent condition	na contributing to death bu	ut not resulting in	the underlyir	g cause given in	Part i. 24e	PERFORMED?	iY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
							•		1 TES 2 NO	
اق										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
2	1 TYES 2 NO	1 Inpatient 2 ER/Outpa	etlent 3 DOA 4	Hursing Hor	ne 5 🗌 Residence	6 Other (Sp	acity)			
E	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME C	Y W	JURY AT ORK?	28d. DEŞCRIE	BE HOW INJURY (CCURED		
M 1 VES 2 NO 2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)										
								Route Number,		
<u>.</u>	29e. CERTIFIER									
2	(Check only	ICIAN: To the best of my knowle								
amount examination involves described.										
J	29b. SIGNATURE AND TITLE OF CHATTER	11.			29c. LICENSE NUI		29d, D	ATE SIGNE	O (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERION WH	O COMPLETED OWNER OF	THE OTHER CO.		1017			111	773	
	AJ 13011.10	955 Fro	devick	5+	Cums	er/2n	TUT	7	1512	
	30. NAME AND ADDRESS OF THIS ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AJ BOLL 10 955 Frodevick 9+ Cum Ser/2nl nl 2/5/2 31. DATE FILED (Month Dev. Hear) APR 13 1993 32. REGISTRAR'S SIGNATURE									



24a. WAS AN AUTOPSY PERFORMED?

BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

must

examiner

the medical

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event,

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

2

THE THE

CAUSE (Disesse or injury

that initiated events resulting in death) LAST

2

LINES, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TENDING PHYSICIAN: The law requires that the death certificate be executed within

					93	11943
1 - STATE OF MARYL REGISTRAR	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last) GOLOA BOKAT				2. DATE OF DEATH MONTH 6	4 7 YEAR	3. TIME OF DEATH ///22 PM
217-48-4724 10 M 210 8		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Country	PLACE (State or Foreign ON, ENGLAND
9a. FACILITY NAME (If not institution, give street and number) SUBURBAN HOSPITAL RESIDENCE OF DECEDENT	J.	Bethes	r Location of DE		9c. COUNTY OF DE	
10a. STATE MARYLAND 10b. COUNTY MONTGOMERY	1117	THES L	ION DA		1	10d. INSIDE CITY LIMITS? 1X YES 2 NO
100. STREET AND NUMBER 7607 Holiday Terrac		a	208/7		U-S.A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. MAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 X NO ATES		cify Cuban, Maxicar	IC ORIGIN? (Specify Yean, Puarto Rican, atc.)		— American Indian, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) +2	18s. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOMEMAK	done during mos stired.)	N st of working	16b. KIND OF BUS	OWN HOME	
-17. FATHER'S NAME (First, Middle, Last) PHILIP SHURACK			18. MOTHER'S NAM	WE (First, Middle, Meiden	Sumame)	
19a. INFORMANT'S NAME (Type/Print) STEPHEN BOKAT				RKWAY — CH	. , , ,	E, MD. 2081
4 Donation 5 Other (Specify)	NG DAVID M	Place)	L GARDEN	4/9 FAL	CATION — City or Tow LS CHURCH	rn, Stata , VIRGINIA
21. SIGNATURAL OF FUNERAL SERVICE LICENSIPE		DANZAN		BERG MEMOR PIKE, ROC		
23. PAHT I. Enter the diseases, or complications that caused shock, or eart failure. List only one cause on eart members or condition	d tha death. Do not a ach lina.	antar tha mod	la of dying, such	as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Death
DUE TO (OR AS A	CONSEDUENCE DF):					
Sequentially list conditions, if any, leading to immediate cause. Enter INDERLYING	CONSEDUENCE DF):					

DUE TO (DR AS A CONSEDUENCE OF):

PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE HEART FAILURE OF DEATH? 1 _ YES 2 _ NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 ND Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Nome 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural Accident 1 YES 2 NO 3 Suicide 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29s. CERTIFIER
(Check only 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.

2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, end due to the ceuse(e) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d, DATE SIGNED (Month, Day, Year)
HAMMET MO	D39966	14693

30. NAME AND ADDRESS DF PERSON WND CDMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

CAROLYN HAMMETT,	M.D 6111	EXECUTIVE	BLVD	ROCKVILLE.	MD.	20852
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	RE				

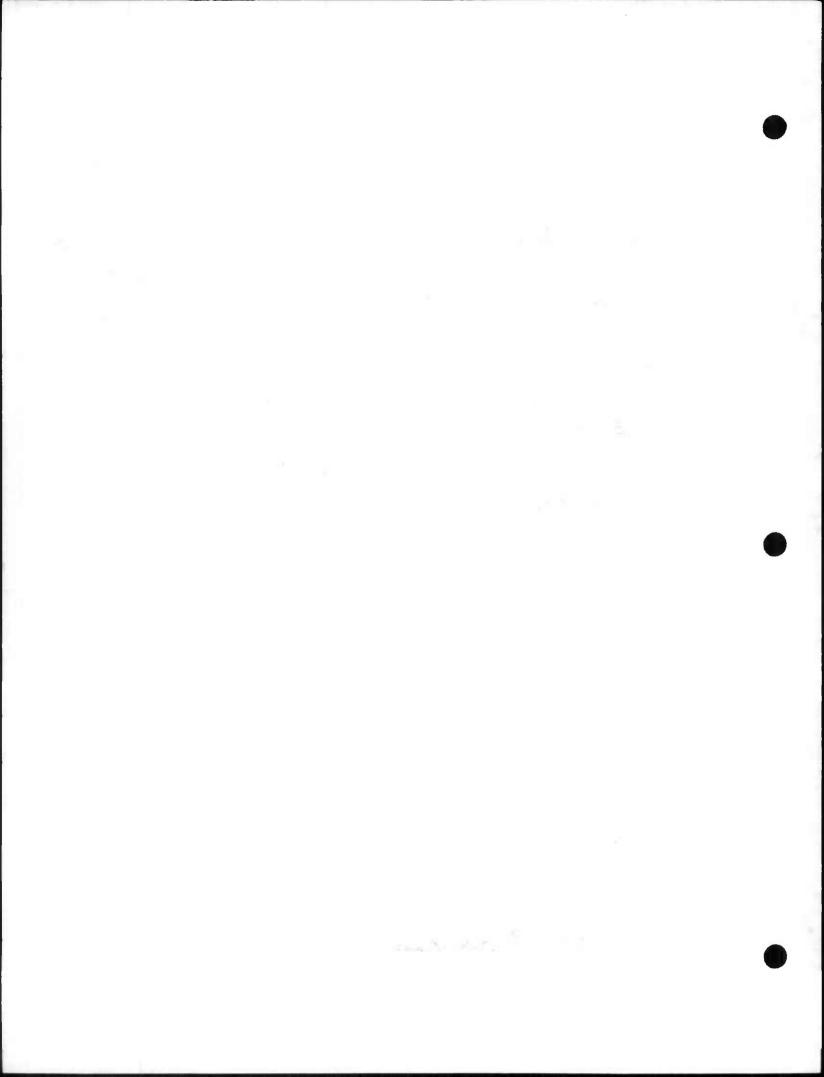
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1
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		1 - FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN REG. NO	_	
		1. DECEDENT'S NAME (First, Middle, Last)	B. Bo	Nila	w.N		2. DATE OF DEATH MONTH D	- 9	3. TIME OF DEATH
2		215-62-9825	□M2×1 58	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Your) 1	071	BIRTHPLACE (State or Foreign Country) RINIDAD
2, 3 should	DIRECTOR	99. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN DR LOCATION OF DEATH WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK, MONTGOMERY							
permit. Pages 1,		10a. STATE 10b. COUNTY	OMERY		LVER SP				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
nsıt	IERAL	819 VIOLET PLAC	E		2	0910		U.S.	OF WHAT COUNTRY?
21215-0020 If or attending physician. For use as the burlat-transit	BY FUNER	11. MARRITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced	2. WAS DECEDENT EVER IN FORCES? 1 7 YES IF YES, GIVE WA. 40A D.	2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14	RACE — American Indian, Black, White, etc.
	COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co					AT HO		TRY
₩ 8 € €	BE COI	17. FATHER'S NAME (First, Middle, Lest) ALBERT BIRJOU				ROSIE	ME (First, Middle, Melden BAGHAN		
(U d)	2	19a. INFORMANT'S NAME (Type/Print) LENNOX BENJAMI 20as METHOD OF DISPOSITION		819 \	/IOLET	PL., SIL	VER SPRI	NG, M	D. 20910
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		No. Burlai 2 Cremation 3 Remove Donation 5 Other (Specify)	of from State	TE OF		4	/12/93 s		SPRING, MD.
		William H.D.	Eigeold	2	254	CARROLL	TAKOMA ST., N.W	. WASH	AL HOME INGTON, D.C.
Within 24 hours after npletely filled in by the cremation, or removal vent, the medical		23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on e	ach line.	M		h as cardiac or respi		Interval Between
executed and con o burial.	NOI	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE O		<u> </u>			
certificat certificat ding phy Hygiene p	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d								
RD at the by the y in the Miles	CAL CE	PART II. Other significant conditions		ut not resulting		cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
RECO requires to been signed t. of Health shows as	: MEDI	m	Cuk.			70100	1 🗆 YES 2	√_NQ	OF DEATH? 1 YES 2 NO
TAL The la site has ate De	PHYSICIAN		IOSPITAL:	ution 3 🗆 DOA	OTHER:	ACE OF DEATH (Chi			
		27. MANNER OF DEATH Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. Til	NE OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCUP	IED
the state of the state of	ETED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm,			281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
D W 28 H	COMPLE		N: To the best of my know						ause(s) and manner as stated.
TO THE HOREITA TO THE LINEBAL Se flied "THE TO IMPORTANT: II	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Saile	_	رحما	29c. LICENSE NUM	8546 8546	29d. DATE SI	GNED (Month, Day, Year)
5	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	8215	د ص دع	- cours	130	las sex
		APR 12 93	POR REGISTRAR'S SIGN	Angle St.					

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		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF H	IEALTH AND I			11945	
		1. DECEDENT'S NAME (First, Middle, Lest) VIOLA BEEM	AN	OLNIII	ICATE OF	DEATH	2. DATE OF DEATH BONTH 04 04		3. TIME OF DEATH 0220 A M	
		4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign	
P	DIRECTOR	215-20-7306	1 🗆 M 2 💢 F	56 YRS.	MONTHS DAYS	HOURS MIN.	12 07 2	Cou	Md.	
should		9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH	
1. 2, 3		SACRED HEART HOS	PITAL		CUMBE	RLAND		ALLEGA	LLEGANY	
Pages		Ma. STATE 10b. COUNTY	MD HIEGANY					-	16d. INSIDE CITY LIMITS? 1 YES 2 X NO	
5-0020 nding physician. is the burial-transit permit.	FUNERAL	10a. STREET AND NUMBER			Silmore 101	21542		10g. CITIZEN OF	WHAT COUNTRY?	
	BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp	ENDENT OF HISPAR ecity Cuban, Mexica 2 NO Specifi	NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Bia	CE — American Indian, ick, White, etc.	
afte atte	LETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	WSUAL OCCUPATION work done during mose retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY		
YLAND 21 by the hospital or I be detached for u	E COMPLET	17. FATHER'S NAME (First, Middle, Last) JAWRS MA+1	-hows	//om	emaker	1/	ME (First, Middle, Maiden	Surname)		
retained 5 shouk botifled	TO BE	180. INFORMANT'S NAME (Type/Print) Cecil E. Beer	nan	19b. MAJLING	ADDRESS (Street a	00 1		n, State, Zip Gode)		
e 6 may be rector, page		20s_METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State cen	netery, crematory or o	OF DISPOSITION (Na	ime of	OATE 20c. LO	CATION - City or	Town, State	
er death. Page 6 m the funeral director, val.	3	21. SIGNATURE OF FUNERAL SERVICE LIC			EICH he LOWAC	DADDRESS OF FA	ewele Fu	wern/ H	lome	
24 hours aft filled in by ion, or remo		23. PART /. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between							Approximate interval Between Onset and Death	
th certificate be execu- ending physician and I Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Due to (or as a consequence of): C. S. J. J. J. J. J. J. J. J. J. J. J. J. J.								
v requires that been signed by it. of Health and shows any	AN: MEDICAL C	PART II. Other significant condition Present a Coronny Thunbon	s contributing to death to	out not resulting	Signary Deep	cause given in	Part i. 24a. WAS AN PERFOR	MED?	IND. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
t a a a a	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-210000	26. PL	ACE OF DEATH (Ch	eck only one)			
SICIAN: The certificate the State	HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ☐ ER/Outp	Dottlent 3 DDA	4 - Nursing Hom		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUPED		
NG PHYS fler this path with	7	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY WO	RK? /ES 2 NO	and Degument How is	OCCURED		
THE STORY OF THE S	TED B	2 Accident 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, office	•	281. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	COMPLET		CIAN: To the best of my know						(a) and manner as stated.	
THE FUNE fled with	BE	296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN			(Month, Day, Year)	
₽₽₽.₹	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	3010	77	417	() 3	
3		DR. JESUS TAN, M.	D., FROSTBUR	G PLAZA,	FROSTBU	JRG, MD 2	21532			
		31. DATE FILEP R. 0 9 1993	32 FEGISTRAR'S SIGN	ATURE	_					



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UBLITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	DIR	NOUL	tem
TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	2	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must b
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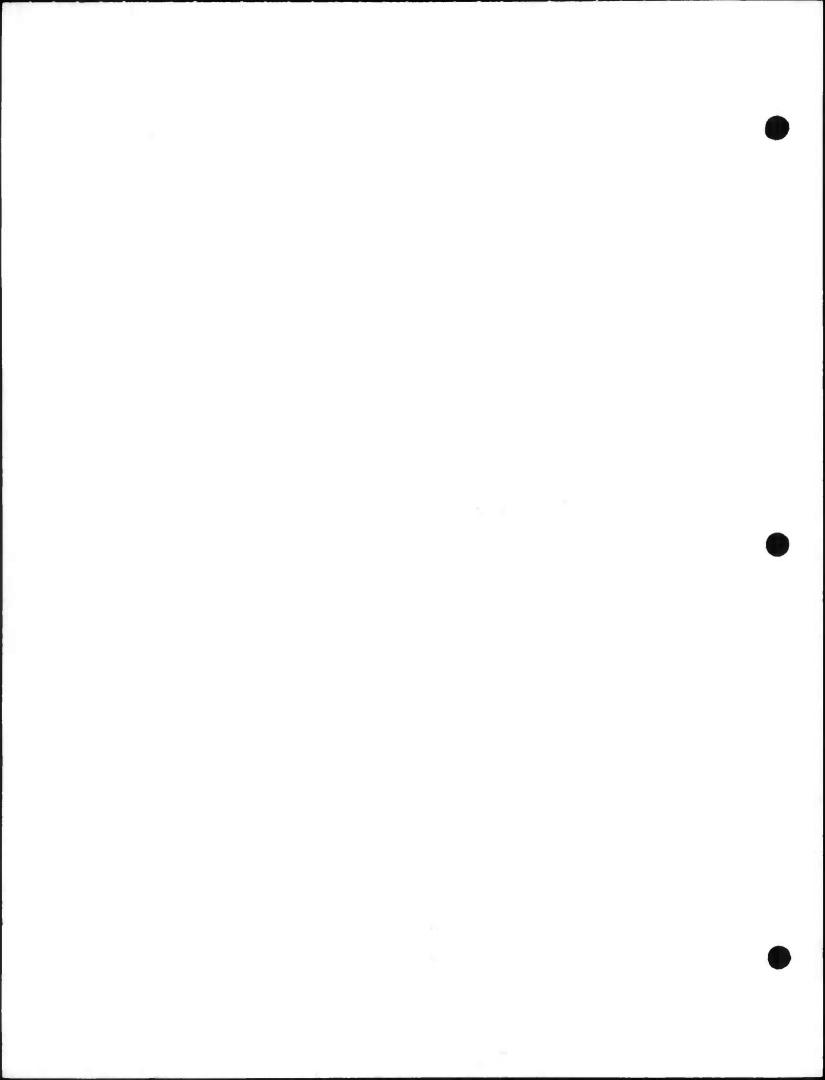
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR Helen Biscoe April 12, 1993 7:30 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYE HOURS 1 M 2 X F MIN. YRS. 254-84-9959 Dec. 24,1905 Pennsylvania 9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Collingswood Nursing Center Rockville DIRECTOR Montgomery RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Montgomery 1 - YES 2 NO Potomac FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9208 Harrington Drive 20854 United States 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3√ Widowed 4 □ Divorced Specify White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 4 Teacher High School 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William Bowser BE Minerva Black 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9208 Harrington Drive, Potomac, Maryland Alvin B. Biscoe 20854 20s. METHOD OF DISPOSITION
1 Durial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify) Oconee Cemetery 4/16/93 Athens, Georgia 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Home/Rockville, Inc. 300 West Montgome Avenue, Rockville, Maryland 20850-2805 M00689 23. PART the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, affock, or heart failure. List only one cause on each line. Approximata interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition 6 days resulting in death) Pneumonia OUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Azotemia
DUE TO (OR AS A CONSEQUENCE OF): 6 days Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Alzheimer's Disease COMPLETION OF CAUSE 1 🗌 YES 2 🙀 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 - YES 2 NO ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 24 Natural 5 Pending Investigation 8 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) COMPLETED 3 Suicide 8 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) D-0/390 Comuce April 12, 1993 9 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Stephen C. Cromwell, M.D. 615 West Montgomery Avenue, Rockville, Maryland 20850

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Ybar) 3 '93

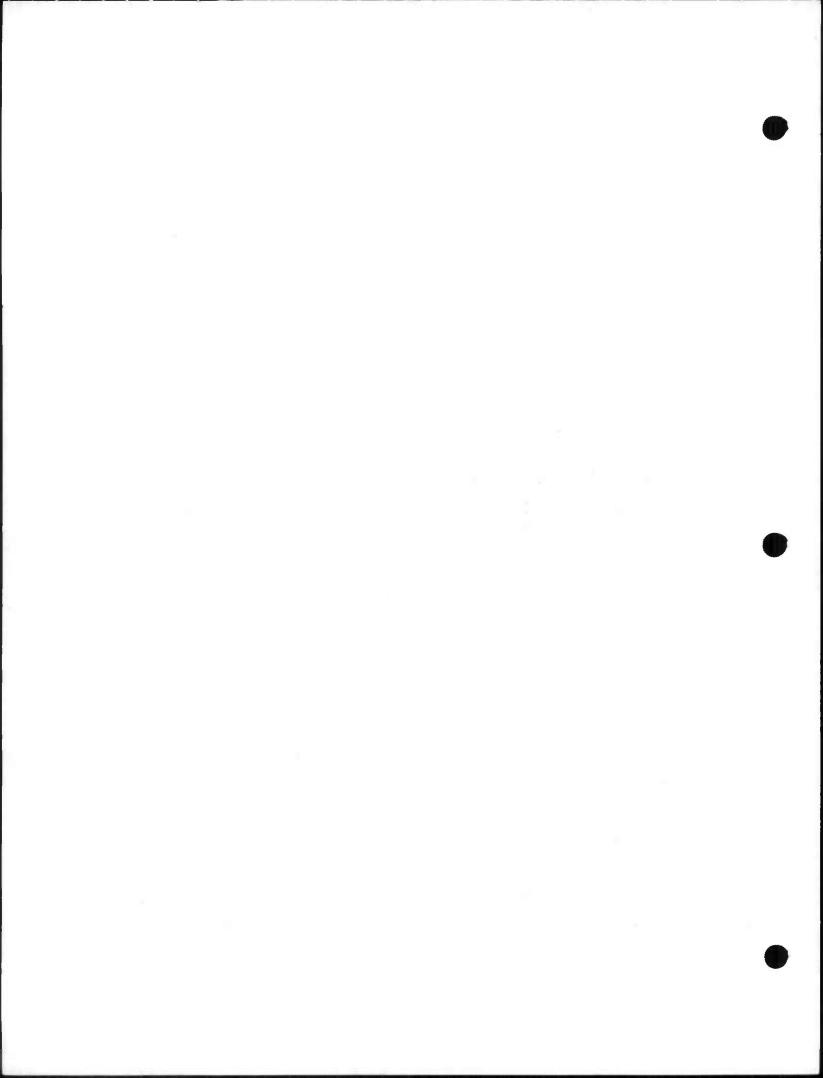


I or attending physician. or use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE MENIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	THE PUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	2	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF H	IEALTH AND	MENTAL HYGIEN		7 11347
- 10	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
	FRANCES CAROLI	NA BEAMER				993	11:00 P M
	4. SOCIAL SECURITY NUMBER	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTNPLACE (State or Foreign Country)			
	547-16-9142	1 □ M 2 🟋 72	YRS. MONTHS DAYS	HOURS MIN.	OCT. 23, 19		CALIFORNIA
E	9a. FACILITY NAME (If not institution, give		OR LOCATION OF D	EATN		OF DEATH	
16	6006 TILDEN LANE	5	ROCKVI	LLE		MONTGO	OMERY
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY
		ONTGOMERY	ROCKVII	LE			LIMITS?
FUNERAL	10e. STREET AND NUMBER		101	. ZIP CODE			N OF WHAT COUNTRY?
Ä	6006 TILDEN LANE			20852			SA
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N	NO If yes, sp	ecify Cuban, Maxica	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OATES	1 TYES	2 NO Specif	у:		Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		CEDENT'S USUAL OCCUPATION IN THE PROPERTY OF T	ON et al worklag	16b. KIND OF BU	SINESS/INDUS	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use retired.)	at or working			
MP	17. FATNER'S NAME (First, Middle, Last)	3 H	HOMEMAKER				
	GEORGE L. McCLIN	TTOCK		18. MOTHER'S NA	ME (First, Middle, Maiden	Surname) OSTROM	
BE	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADORESS (Street a				
5	FRANCIS X. BEAMER		006 TILDEN LA		KVILLE, MARY		
	20s. METNOD OF DISPOSITION 1X Burlel 2 Cremation 3 Ram	20b. PLACE	AND DATE OF DISPOSITION (Na	me of			or Town, State
	4 Donation 5 Other (Specify)	ARLIN	NGTON NATIONA	L			,VIRGINIA
	21. SIGNATURE OF UNERAL SERVICE LI	CENSEE		D ADDRESS OF FA	CLINS FUNE	DAT HO	ME INC
	- CWWWIII	K Line					PR.,MD.20901
	23. PART i. Entar the diseases, or	complications that caused the de List only one cause on each line	ath. Do not anter the mo-	de of dying, suc	h as cerdiec or respi	ratory arrest	Approximata
	IMMEDIATE CAUSE (Final						Onset and Desth
	disease or condition reaulting in death)	a. SEVERE EMPHYS	EMA				15 YEARS
1_1							
§	Sequentially list conditions, if any, leading to immediate	b. BIVENTRICULAR DUE TO (OR AS A CONSEC	CONGESTIVE	HEART }	MILURE		2 YEARS
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	6.					1 '
H	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):				
CERTIFICATION	resulting in deal(ii) CAST	d					
AL (PART II. Other aignificant condition	a contributing to deeth but not re	eauiting in the underlying	cause given in			24b. WERE AUTOPSY FINDINGS
					PERFOR		AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
MEDIC							1 YES 2 NO
Z.							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	ACE OF OEATN (Ch			
14S	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 ER/Outpatient 3 28a, OATE OF INJURY	DOA 4 Nursing Nom		8 Other (Specify)		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY WO	RK?	26d. DEŞCRIBE NOW II	NJURY OCCUR	ED
р Ву	2 Accident Investigation 3 Suicide B Could not be	28s. PLACE OF INJURY — At hor			281. LOCATION (Street a	and Number or i	Rural Route Number,
ETED	4 Nomicide determined	building, etc. (Specify)			City or Town, State)		
PLE	29a. CERTIFIER (Check only	ICIAN: To the best of my knowledge, das	ath occurred at the time, data	and place, and dua	to the cause(s) and mar	ner as stated.	
COMPL		ER: On the basis of examination and/or is					ause(s) and manner as stated.
BE C	296-BIOMATURE AND TITLE OF CERTIFIE	R/		29c. LICENSE NUI	ABER	29d. DATE \$1	GNED (Month, Day, Year)
0T	() (chard W)	lohtun, ms		MD + D3	7398	► 4/1	293
	30. NAME AND AODRESS OF PERSON WN RICHARD W. ASHBUR			ietal, mo	20PAC		
	31. DATE FILED (Month, Day, Year)			Class'	2 2013		
	APR 1 3 1993	932 REGISTRAR'S SIGNATURE	NOC.				

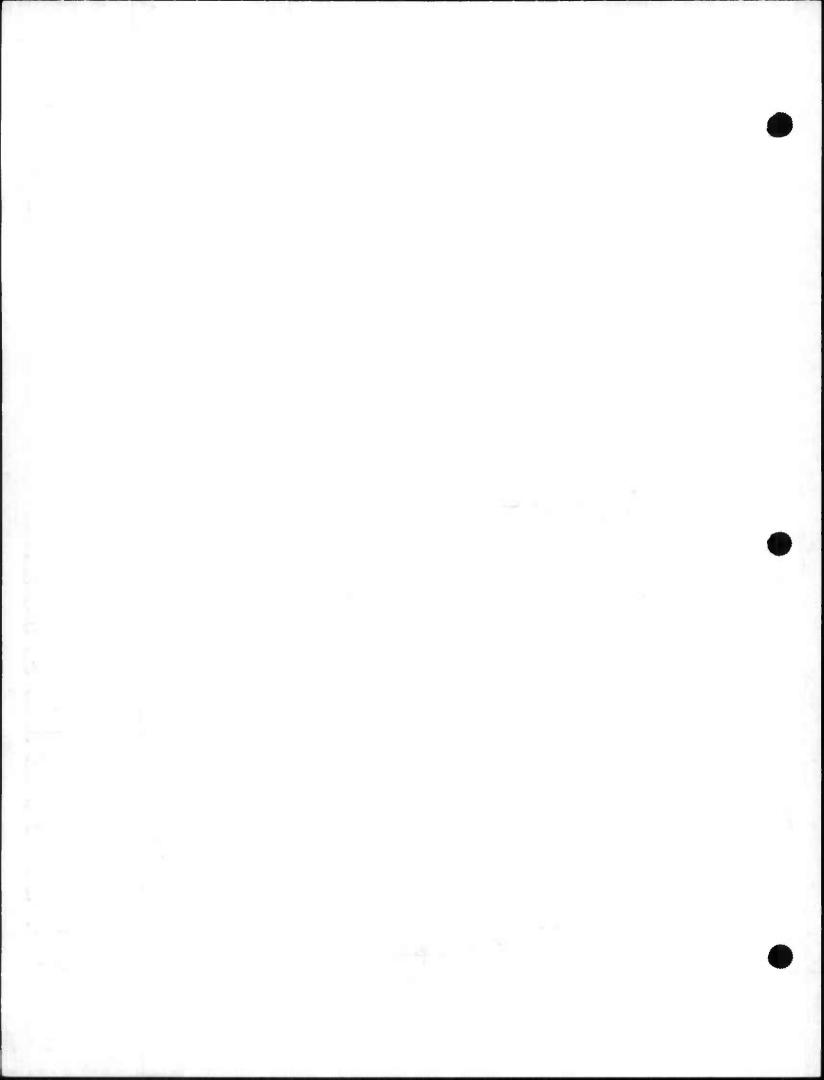


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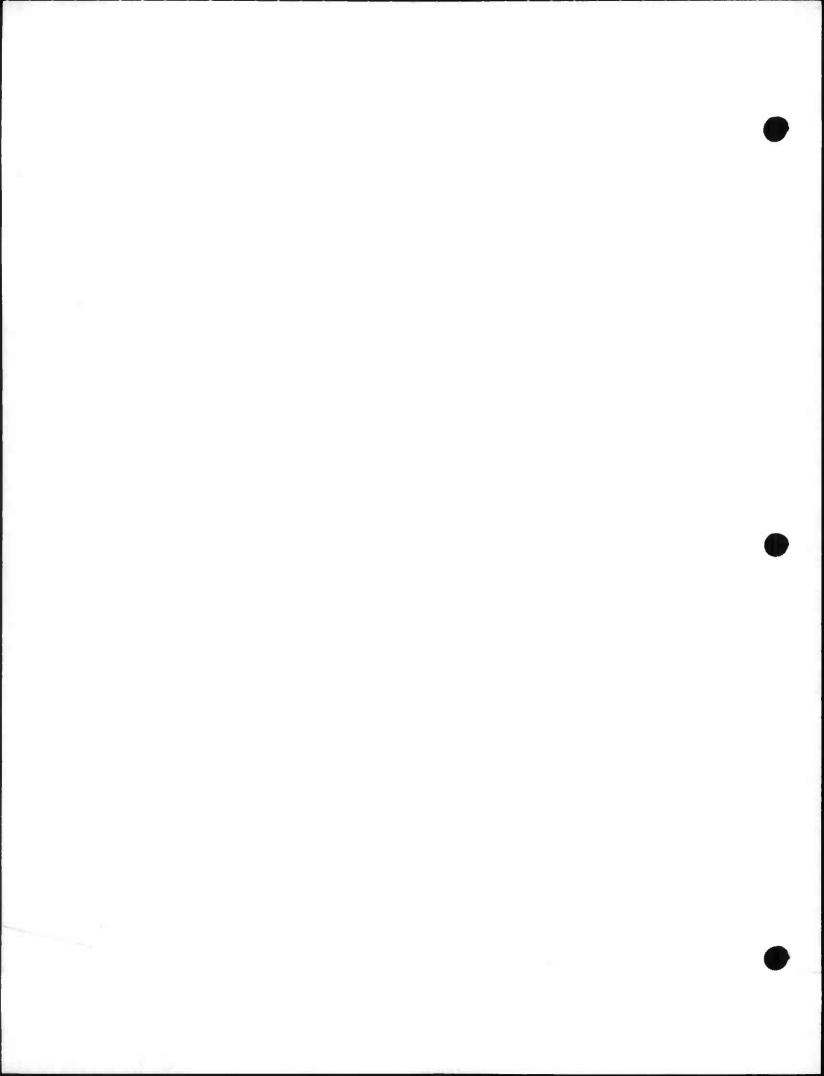
FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN REG. NO.		93 1194
1. DECEDENT'S NAME (First, Middle, La	est)				2. DATE OF DEATH	W Y	3. TIME OF DEATH
Greene Doswell			IF UNDER 1 YEA	R IF UNDER 24 HRS.	April 13,	1993	10:30 P. M
4. SOCIAL SECURITY NUMBER					7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
422-18-2372 9e. FACILITY NAME (If not institution, gi	A	86 YRS.	SP CITY TOW	N OR LOCATION OF D			1abama
			German			Montg	
RESIDENCE OF DECEDENT						1 0	
10e. STATE 10b. COL		1 20	TY, TOWN OR LO				10d. INSIDE CITY LIMITS?
	tgomery	Ger	nantown				1 YES 2 ANO
100. STREET AND NUMBER				101. ZIP CODE 20876		U.S.A	N OF WHAT COUNTRY?
Too. STREET AND NUMBER 11808 Collins D 11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ARMED			NIC ORIGIN? (Specify Yes		. RACE — American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 XNO	If yes	specify Cuban, Mexico res 2 NO Specif	an, Puerto Rican, atc.)		Specify: White
15. DECEDENT'S I		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	SINESS/INDUS	TRY
15. DECEDENT'S (Specify only highest g Elementery/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 8+)	Ilfe. Do NOT u	work done during use retired.)	most of working			
12		Carpen	ter		Self E	mploye	ed
17, FATHER'S NAME (First, Middle, Last)				100000000000000000000000000000000000000	AME (First, Middle, Meiden	Surneme)	
Greene Doswell	Burnette, Sr.			Lena Wi			
O I ISO. INFORMANT'S HAME (INPOPENTI)			as #10	et end Number or Rural	Route Number, City or Tow	n, State, Zip Ci	ode)
Doris Brannon 200. METHOD OF DISPOSITION _		Same ROB. PLACE AND DAT		ON (Name	DATE 20c. LO	CATION CII	y or Town, State
1 X Burlal 2 Cremation 3 X F	Removal from State	of cemetary, cremator	y or other place)		4/17 Bes		
21. SIGNATURE OF FUNERAL SERVICE		allialla		AND ADDRESS OF FA OL Funera		semer,	ALabama
15	20					4.1	burg, MD 20877
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	- Chon	S A CONSEQUENCE OF	fuet	wo Po	lmag	duec	ul
CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Our	A CONSEQUENCE O	de	afnes)7		
PART II. Other aignificant condi	itiona contributing to death	but not resulting	in the under	ying cause given in	Part i. 24a, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					_		1 _ YES 2 _ NO
ÿ							
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	- 400	OTHER:	B. PLACE OF DEATH (C		- 6	
YES 2 □ NO	1 - Inpatient 2 - ER/O		4 - Nursing	Home 5 A Residence			200
	28e. DATE OF INJUR (Month, Day, Year		JURY	WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident investigat	28e PLACE OF INJU	PRY — At home, ferm.			28f. LOCATION (Street	and Number of	Rural Boute Number
3 Suicide 6 Could not	building, etc. (S	pecify)	,,,		City or Town, State		
CONSUM OTHY	HYSICIAN: To the best of my kn						
				29c, LICENSE NU			SIGNED (Month, Day, Year)
	throw 1	MD.		D2052		0.00	ril 14, 1993
2 30. NAME AND ADDRESS OF PERSON Susan Withrow,	M.D. 19530 Do	ctor's D	rive, G				
31. DATE FILED (Month, Day, Year) APR 16 93	32. REGISTRAR'S SI	GNATURE CONTRACTOR	R.				



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	sit permit. Pages 1, 2, 3 should		
ge 6 may be retained by the hospital or attending physiciar	irector, page 5 should be detached for use as the burial-tra	r must be notified at once.	
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be clearly with the State Dent. of Health and Mental Hydiene prior to burial, cremation or removal.	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ENDING PHYSICIAN: The law requires t	OB: After this certificate has been signed ter death with the State Deot. of Health	Is marked, or Item 23 shows a	

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN			
	Elaine M.	Brown				April 13,	12:15 A M				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	HRS. 7. DATE OF BIRTH B BIRTHPLACE (State or 5					
	578-40-5717 1□ M 2 🖾 F 67 YRS. MONTH				HOURS MIN.	(Month, Day, Year) Jan. 26.	Country) 1926 Washington, D.C.				
-3	Sa. FACILITY NAME (If not institution, give st		R LOCATION OF DE		9c. COUNTY OF DEATH						
8	4107 Landgreen Street Rockville Montgomen										
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c CITY T	OWN OR LOCAT	TON!						
DIRECTOR	Maryland Montg	kville	ION .		10d. INSIDE CITY LIMITS? 1 TYES 2 NO						
	10e. STREET AND NUMBER		. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?						
EN/	4107 Landgreen St		20853			d States					
FUNERAL	11. MARITAL STATUS	13. WAS DEC	ENDENT OF HISPAN	VIC ORIGIN? (Specify Yes							
	1 Never Married 2 Married IF YES, GIVE WAR OR DATES			If yes, sp	with Cuban, Mexica	in, Puerto Rican, etc.)	Black, White, etc. Specify:				
ЭВУ	3 🔀 Widowed 4 🗌 Divorced				White						
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USU. (Give kind of work of				done during most of working						
岸	Elementary/Secondary (0-12)	College (1-4 or 5+)	ge (1-4 or 5+) We. Do NOT use retired.)								
COMPL	17. FATHER'S NAME (First, Middle, Last)	Homemaker					Own Home				
	Edwin Donaldson					18. MOTHER'S NAME (First, Middle, Malden Surname)					
BE					Grace Richardson SS (Street and Number or Rural Route Number, City or Town, State, Zio Code)						
2	Margaret S. Brown	1						<i>'</i>			
	20a. METHOD OF DISPOSITION	20h	PLACE AND DATE OF C					gan 48326			
	20b. PLACE AND DATE OF DISPOSITION DATE X Buriel 2 Cremetion 3 Removel from State 4 Donellon 5 Other (Specify) Park lawn Memorial Park 4/16/93 Rockville, Maryland										
. 6	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral										
	MOO803 Home/Rockville, Inc. 300 West Moo Avenue, Rockville, Maryland 20850										
	23. PART I. Enter the diseases, or of shock, or heart failure. I	complications that caused List only one cause on e	the death. Do not sch line.	enter the mo	de of dying, suc	h as cardiac or resp	ratory arrest,	Approximate interval Between			
	IMMEDIATE CAUSE (Final										
	disease or condition - I NETASTATIC GREINOMA OF THE LEFT LUNG 7 MOS										
	DUE TO (OR AS A CONSEQUENCE OF):										
O	Sequentially list conditions,										
AT	if any, leading to immediate cause. Enter UNDERLYING										
띮	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	resulting In death) LAST	and initiated stories									
NA	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? AN ON I C OBSTRUCTIVE PULMONARY DICASE 1 YES 2 3 NO										
MEDIC/	CHICONIC OBST	euclive Tu	CLIMONATE C	-1-XZ 6	松丰	1 □ YES 2	≱ NO	OF DEATH?			
Σ	10										
PHYSICIAN:											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 1 Donation 2 FR/Outperlant 3 DOA										
ž	27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	1 🖎 Natural 5 🗌 Pending	(Month, Day, Year)	(Month, Day, Year) INJURY M 1 YES 2								
ВУ	2 Accident investigation 3 Suicide 6 Could not be	28+. PLACE OF INJURY	— At home, farm, stree			281. LOCATION (Street	reet and Number or Rural Route Number,				
TEL	4 Homicide determined	building, etc. (Spec	Hy)			City or Town, State)		m nessen			
COMPLETED	29a. CERTIFIER 1 00 CERTIFYING DAYSICIAN: To the heat of my bounded a death against a literature of the heat of my bounded as death against a										
A	(Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
BE	Musica De Contribie				29C. LICENSE NUN	ABER OF	29d. DATE SIGNED (Month, Day, Year) ▶ April 13, 1993				
2	30. PAME AND ADDRESS OF RERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Time Pri	nt)	001	* Whil	April 13, 1993				
	A Y) _			*	. Suite	300. Kens	ington.	Md. 20895			
	31. DATE FILED (Month, Day, Year)										
	APR 1 6 1993	gana vanasor-v	- pro-			,					



3. TIME OF DEATH

7:55 A.

YEAR

2. DATE OF DEATH DAY April 8, 1993

1 - FOR STATE REGISTRAR

Addie

1. DECEDENT'S NAME (First, Middle, Last)

William D. Boyd, 31. DATE FILED (Month, Day, Year)

M.D.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

l		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER 1 YE		IF UNDER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPLA	CE (State or Foreign	
_	DIRECTOR	220-76-5543	1 🗆 M 2 🔀 F	88	YRS.	MONTHS DA	AYS.	HOURS MIN.	July 5,19	904	Mary	land	
s should		Sa. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF GEATH			
, 2, 3		Bayside Nursing Center				Lexington Park			St. Mary's				
Sada	RE	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	OCAT	TION			100	I. INSIDE CITY LIMITS?	
Ę			Mary's		Le	eonard	to	wn			1[YES 2 NO	
	¥	10e. STREET AND NUMBER					101	. ZIP CODE		10g. CIT	IZEN OF WHAT	T COUNTRY?	
ansir	TO BI	Star Rt.				20650 U.S.					U.S.A	١.	
		11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES			ZNO	If yes, specify Cuban, Mexic					14. RACE — Black, W	American Indian, hita, aic.	
5					3	1 🗆	YES	2 X NO Specify	Specify: Black				
3		16. DECEDENT'S EDUCATION 16e. DECEDENT'					'S USUAL OCCUPATION 165. KIND OF RUSINESS/INDUSTRY						
5		(Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed) (Give kind of tarry/Secondary (0-12) College (1-4 or 5 +)				of work done during most of working use retired.)						
2		2nd Grade			Housewife			HC			ome		
at once.		17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)					
, T		Ben Watts					Unknown						
tite on		19a. INFORMANT'S NAME (Type/Print)			Later Co.				Route Number, City or To				
be notified		Alice B. Moreland	i .						ardtown,	Maryl	and 20	650	
must b		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from Stale	Off	ter place)			metery, crematory or		20c. LOCATION City or Town, State			
E .					Lady's	S Cemetery I				Leonardtown, Maryland			
examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSE	.)						neral	Home	рδ	
aj a		Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270 Leonardtown, Maryland 20650											
rias been signed by the attending physician and compressy med in by the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any injury, or other traumatic event, the medical expension.	CERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):											
al Hygien	ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									ļ		
as been signed by the attraction of Health and Menta 23 shows any injury,	MEDICAL	Careena of the broat 1 yes 2 NO OF							FRE AUTOPSY FINDINGS ANILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO				
23 s	AN:												
State	ᆲ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OFHER:		LACE OF DEATH (Ch					
death with the smarked, or	BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined 2 Homicide Could not be determined				NJURY WORK? M 1 YES 2 NO attreet, factory, office 281. LOCATION (Si			28d. DESCRIBE HOY	N (Street and Number or Rural Route Number, wn, State)			
DIRECTOR: After this chours after death with item 28 is marked,									261. LOCATION (Stree City or Town, Sta				
TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(s) and manner as stated.											
With	E C	29b. SIGNATUGE AND TITLE OF CERTIFIER				29c. LICENSE NUMBER				29d. DA	29d. DATE SIGNED (Month, Day, Year)		
N Fee	0	100	Bons	ta	mm				285	•	4-9	-93	
= A =	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF OEATH	(ITEM 27) (Type	e, Print)		V . L	7_4_1				

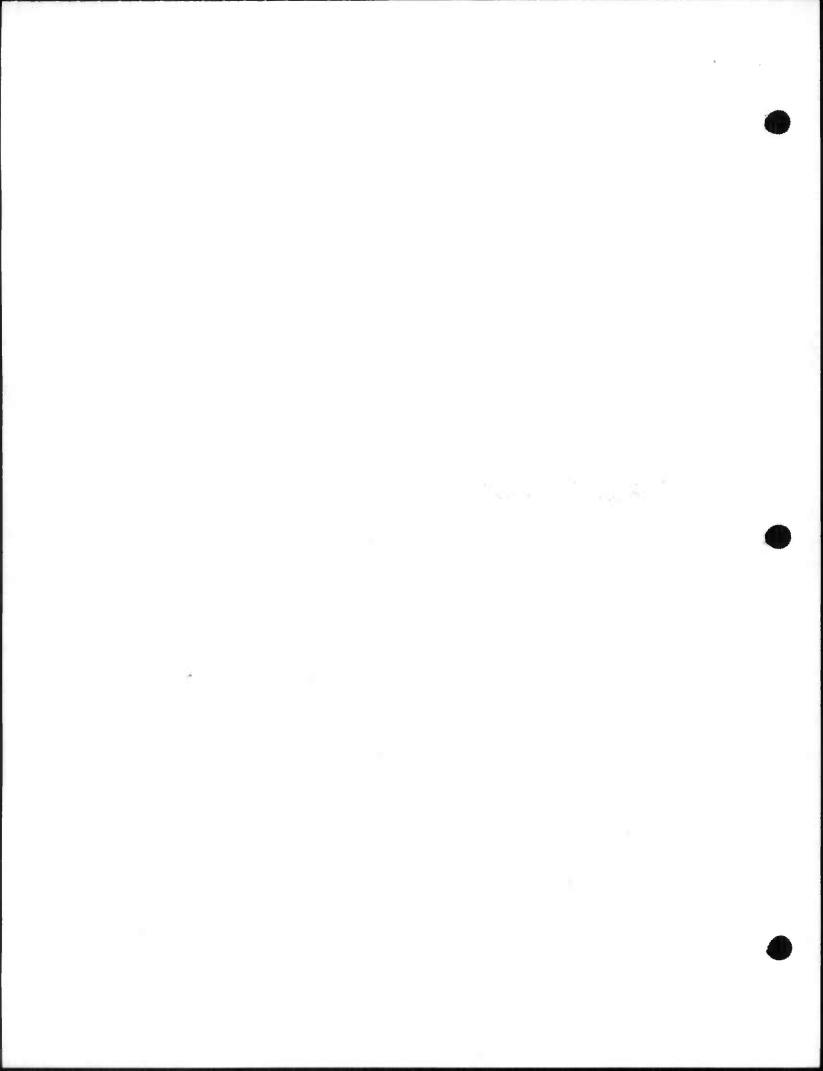
Leonardtown, Maryland 20650

32. REGISTRAR'S SIGNATURE PENDENS

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Barnes

Anne



urial-transit permit. Pages 1, 2, 3 should

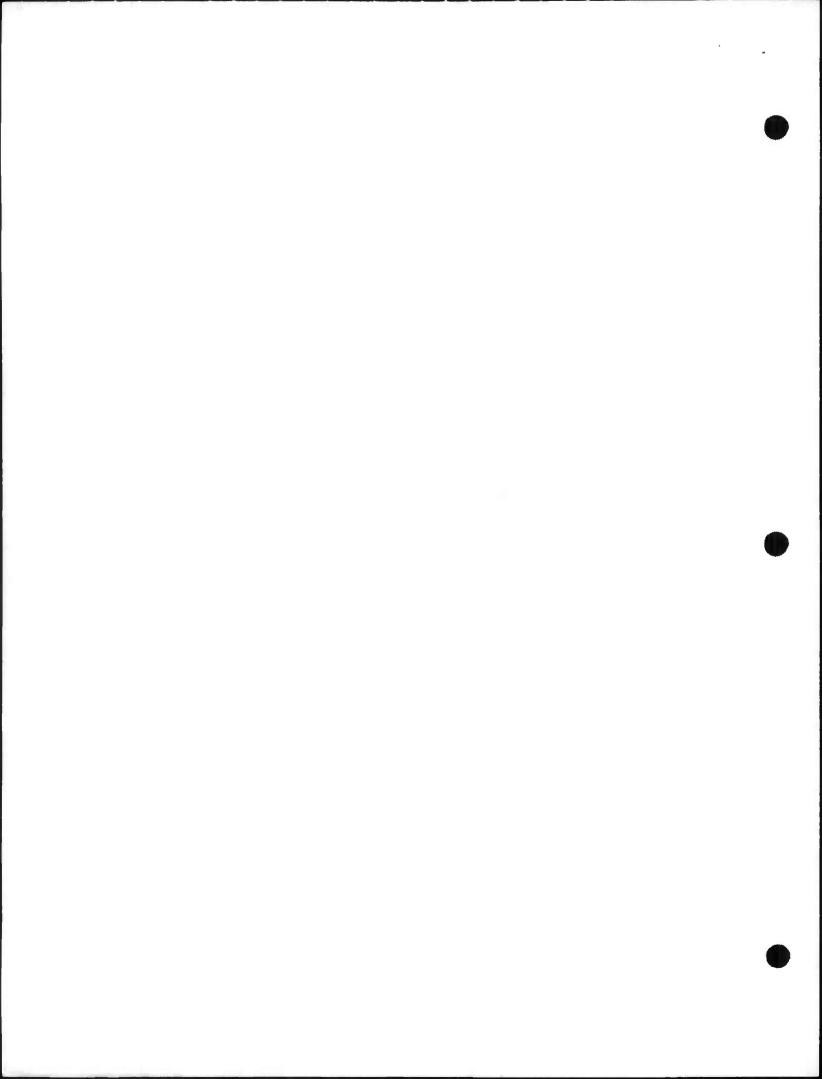
The first this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

It marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND				MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	H		REG NO

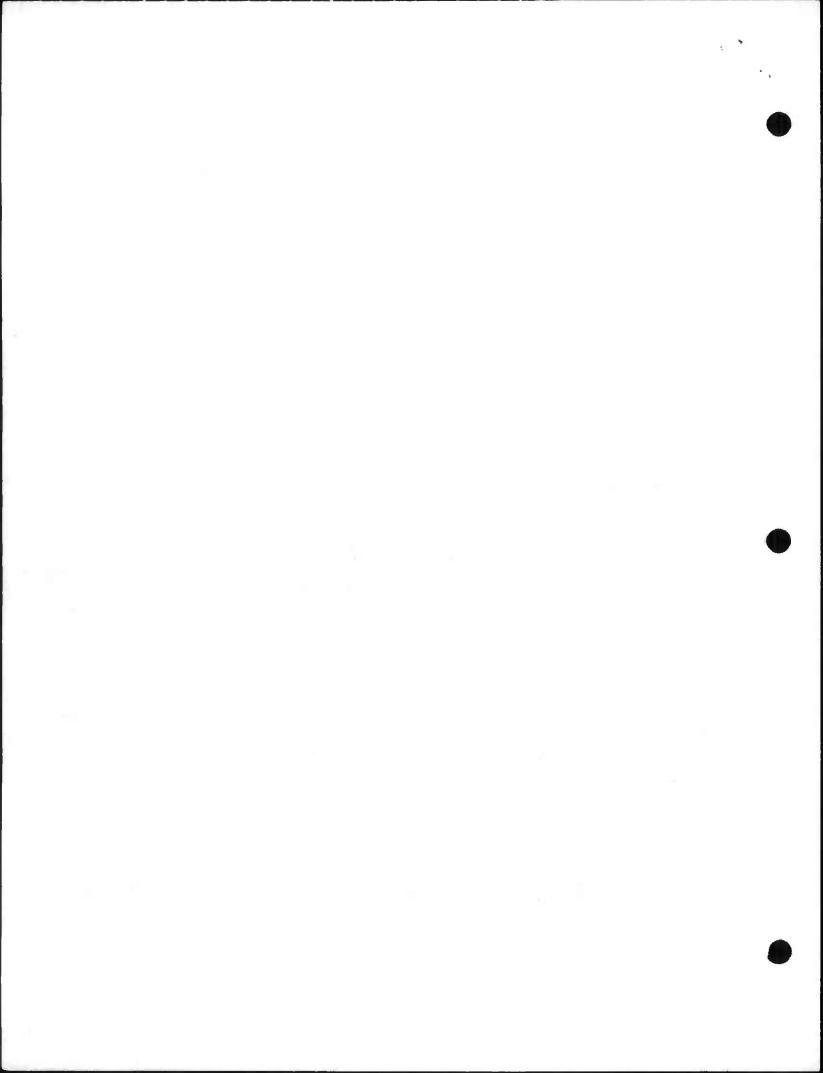
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR	TMENT	OF H	EALTH DE AT	AND I	MENTAL HYGIEI			
8	1. DECEDENT'S NAME (First, Middle, Lest) FRANK SAT	NT			BER	RY		2. DATE OF DEATH MARCH 02	7 1993	YEAR	3. TIME OF DEATH 3:34 P
		Пиопе	rs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTH Countr	IPLACE (State or Foreign y)
	217-30-0671 9a. FACILITY NAME (If not institution, give street	Λ / / /	YRS.	9b. CITY	TOWN O	PR LOCATIO	ON OF DE	AUGUST 4 1		MAR'	YLAND
OR	PHYSICIANS MEMORIA				PLAT		on or or		100	RLES	EAIH
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y, TOWN C	OR LOCAT	104					
DIRECTOR	MARYLAND ST. MA	RY'S		EXINO			7				10d. INSIDE CITY LIMITS? 1 YES 2 7 NO
1AL	10e. STREET AND NUMBER			311111		. ZIP CODI		**-	10g. CIT	IZEN OF W	VHAT COUNTRY?
FUNERAL	48 P HILLS TRAILER 11. MARITAL STATUS				_	20653					STATES
	1 Never Married 2 Married	P. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO NO		1 yes, spe	ecify Cuba	n, Maxica	IIC ORIGIN? (Specify Yon, Puarto Rican, etc.)	e or No-		— American Indian, c, White, atc.
ВУ	3 🕅 Widowed 4 🗌 Divorced	TES, GIVE HAN ON DATES			TES	2 (X NO	Specify	<i>(</i> *)		Specia	ACK
Ī	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted)	e. DECEDENT'S (Give kind of a life. Do NOT us	work done o	CCUPATIO	ON st of workin	g	16b. KIND OF BI	JSINESS/IN(DUSTRY	
PLE	Elementary/Secondary (0-12) C	College (1-4 or 5+)	CUSTOI					DUDITO	COHO	OT 01	, C = 11
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		003101	TAIN		18. MOTH	IER'S NA	PUBLIC ME (First, Middle, Maide		JL SY	ZSTEM
BE	MILTON BERRY					ANN	IIE (GRAY			
2	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or To			
	AGNES T. YOUNG 20a. METHOD OF DISPOSITION	20b. PL	148 P F				COL		CATION -		MARYLAND
	1 Donation 5 Other (Specify)	from State cemeter	ry, cremetory or o	ther place)					LEN.		
	21. SIGNATURE OF FUNERAL SERVICE MICEN	\$				D ADDRES			,	ПАКТ	
	MICHAEL K. BLAI			159	N	MASH	ITNC	NERAL HOME CON STREET	TEC	ANRI	TOWN MD
	23. PART I. Enter the diseases, or com shock, or heart fellure. List	plications that caused the	e deeth. Do r illne.	not enter	the mod	de of dyl	ng, suc	h es cerdiac or resp	oiratory en	rest,	Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in desth)	SEPS		941							Onset and Deeth
z	P	OLYMIC	ROB/	AL	_	SE	PS1.	S			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	NA CACO	NSEQUENCE OF	F):	171	15					
FIC	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A DO	2 IV/E	F):	110	10					
E	resulting in desth) LAST	MULTIPI	LEN	ME	LO	MA	-				
AL CE	PART II. Other significent conditions co	ontributing to deeth but r	not reaulting	in the un	derlying	ceuse o	iven in	Part i. 24a, WAS AI	VARITOPSV	246	WERE AUTOPSY FINDINGS
S	CHRANIC RE	NAL PAILL	Rf. C	OAG	FUZ	DPA	740	PERFO	RMED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
ME	THROMBOCYT	DRENIA	/					7	2 (1)		OF OEATH? 1 YES 2 NO
Ä	25 1440 0105 05555555										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	- 2 G 200	OTHER	t:			ock only one)			
¥.	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF	28c. INJU	JRY AT	sidence	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OC	CURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(WORRI, Day, 19ar)	INJ	URY	1 Y	ES 2	NO	-	-		
COMPLETED	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — / building, atc. (Specify)	At home, farm, s	street, facto	ory, office			281. LOCATION (Street City or Town, State	and Number)	or Rural R	oute Number,
PE	290. CERTIFIER 1 CERTIFYING PHYSICIAN	N: To the best of my knowledge	e, death occurre	ed at the ti	me, data	and place,	and due	to the cause(a) and ma	nner aa stat	ed.	
MO		on the basis of examination and									and manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	110				29c. LICE		IBER	29d. DAT	E SIGNED	(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALLES OF DECIM	OTEM OF C	Onic 1		D-23	021			81	3193
	Sanjeeb K. Mishra,	MD. 7C Post	Office	Roa	.d C∈	enna	Cent	er Waldor	f, Ma	iryla	nd 20602
	MAR 0 5 '93	32. REGISTRAR'S SIGNATUR Julia, Davidson	Pandell								



BALTIMORE, MARYLAND 21203-3146

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HE ACSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 yours after death. Page 6 may be retained b	REFURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should I amend a hours, after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	THE TABLE OF THE PARTY OF THE 23 Shows any Injury or other traumatic event. The medical examiner must be notified

	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR					MENTA	L HYGIEN		93	and the same	1952	
	1, DECEDENT'S NAME (First, Middle	(ant)							2 DATE	OF DEATH			2 TIME	OF DEATH	٦
		,							MONT	'H D	AY	YEAR			
	Hollie			Blank					7		1993			1:30 A M	4
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Mont	th, Day, Year)	1	6. BIRTH Countr	IPLACE (State or Foreign	
	717-10-2376	1 X M 2 🗆 I	72	YRS.	- Contins	Lenro	NOUNS	mure.		. 31,	1920	Wes	st V	irginia	1
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE				NTY OF D			┫
œ	At Home, 1332	Poteat Co	urt		Cal	ifor	rnia				St	. Ma	arv's	S	-
6	RESIDENCE OF DECEDE														4
DIRECTOR		COUNTY		10c. CIT	Y, TOWN	OR LOCAT	TON						10d. INS	SIDE CITY	٦
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BE			Lankensh:					adie			unts				_
ဝ	19a. INFORMANT'S NAME (Type/Pri									nber, City or Tox					
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	20s. METHOD OF DISPOSITION	□ Removal from State	20b. PLAC	E OF DISPO	SITION (N	ame of cer	metery, cres	matory or		20c. L	OCATION —	City or To	own, State		
	1 Burial 2 Cremation 3 Other (Special	(y)	Mount	tainv	iew N	/lemo:	rv Gá	arde	ns	Hu	iddy,	Kent	tuck	V	
- 1	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE					ND ADDRE								П
	- Fra /	146	1.		Ma	atti	ngley	/-Gai	rdine	er Fun	eral	Home	e, P	. A	
	Muchael	7 Xpro	uner		P	0. 1	30x 2	270.	Leo	nardto	wn. N	[arv]	land	20650	
	23. PART I. Enter the disease				not enter	r the mo	de of dy	ing, auc	ch ee car	rdiac or reap	iratory an	reat,		pproximate	
- 1	IMMEDIATE CAUSE (Finel	ellure. List only one	A sach ii	ne.	, 0	4		- 1	1					nterval Between neet and Death	
	disease or condition	00	Mina	nain	INA	M	ut	nol	lur	00				hal	
H	resulting in death)	a. Due	TO (OR AS ALCONS	DEQUENCE O	PI G	200	7	ure	NV P				-1-4	VA	4
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일	CAUSE (Disease or Injury	6. DUE	TO JOH AS A COM	WALL O	100	0	1	In	crep	-1			-1/	41	-
E	that initiated events regulting in death) LAST	in the same	TO (OIL AS A CORE	SEGUENCE C		/							10	7 -	
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¥	27. MANNER OF DEATH	40	OF INJURY	28b. TH		_	JURY AT	- Control		SCRIBE HOW	IN HIRY OC	CHBED			-
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E I	2 Accident Invest	getion													4
e l	3 Suicide a Could 4 Homicide detarn	not be build	CE OF INJURY — At Ing, etc. (Specify)	nome, rarm,	street, fac	etory, offic	18			CATION (Street y or Town, State		r or Rural	Houte Nu	mber,	
E	Tomolog Column														Ų
COMPLETED	29a. CERTIFIER (Check only	Q PHYSICIAN: To the ber	at of my knowledge,	death occur	red at the	time, date	and plac	e, and du	a to the co	euse(s) and m	enner as eta	ted.			
2		XAMINER: On the sesse	examination and	or investigati	on, in my	opinjap.	death occu	ared at the	e time, dat	ta and place, s	ind dua to ti	he cause)	and mi	anner as stated.	
	29b, SIGNATURE AND TITLE OF C		1 /		7/1	1	1	ENSE NU				-		Day, West	-
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	30. NAME AND ADDRESS OF PER											1 1			
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9a. FACE SITE OF THE SITE OF T	Sequent any cause CAUS that is result 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT; if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-rouns after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Secretary Name (Price, Works, Lord) Secretary Name (Price) Secret	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGI		70 11933
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1 Formation 3 Removal from State St. Johns Cemetery Deal Island, MD.						-	LOCATION	the on Town State
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HINMAN FUNERAL SERVICE LICENSEE 1. Approximate 1. Approximat	1 (1 Burial 2 Cremation 3 Ram	novel from State	other place)					
## Hinman Funeral Home Princess Anne, Md. 21853 23. PAMPILE. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart felture. List only one ceuse on each line. IMMEDIATE CAUSE (Final List only one ceuse on each line. IMMEDIATE CAUSE (Close have Voiced and District Baltweeth Interval Battweeth Inter			t. Jonns				ear re	stand, MD.
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29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, 19ar) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) THOMAS C. Hill Jul 108 Pine Bluff Rd., Solisbury, Md., 21801 31. DATE FILED (Month, Dey, 19ar) 32. REGISTRAN'S SIGNATURE	- COOLD HOLD	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, streedly)	et, factory, offic	•			or Rural Route Number,
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296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THOMAS C. Hill Jr. 108 Pine Bluff Rd., Solisbury, Md. 21801 31. DATE FILED (Month), Day, Year) 32. REGISTRAP'S SIGNATURE	ane)							
THOMAS C. Hill Jr. 108 PINE Bluff Rd. Solisbury Md. 21801 31. DATE FILED (Month). Day, Veer) 32. REGISTRAP'S SIGNATURE 33. DATE FILED (Month). Day, Veer) 34. DATE FILED (Month). Day, Veer) 35. DATE FILED (Month). Day, Veer) 36. REGISTRAP'S SIGNATURE								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) THOMAS C. H.'U Ja. 108 Pine Bluff Rd. Solisbury, Md. 21801 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	The state of centre	1/1/- 111	-11-17	/	0 -	ALO C	29d. DATE	12 - (23
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	31. DATE FILED (Month, Day, Year) APR 1 4 93	32. REGISTRAR'S SIGN	dan- Findas	2.				

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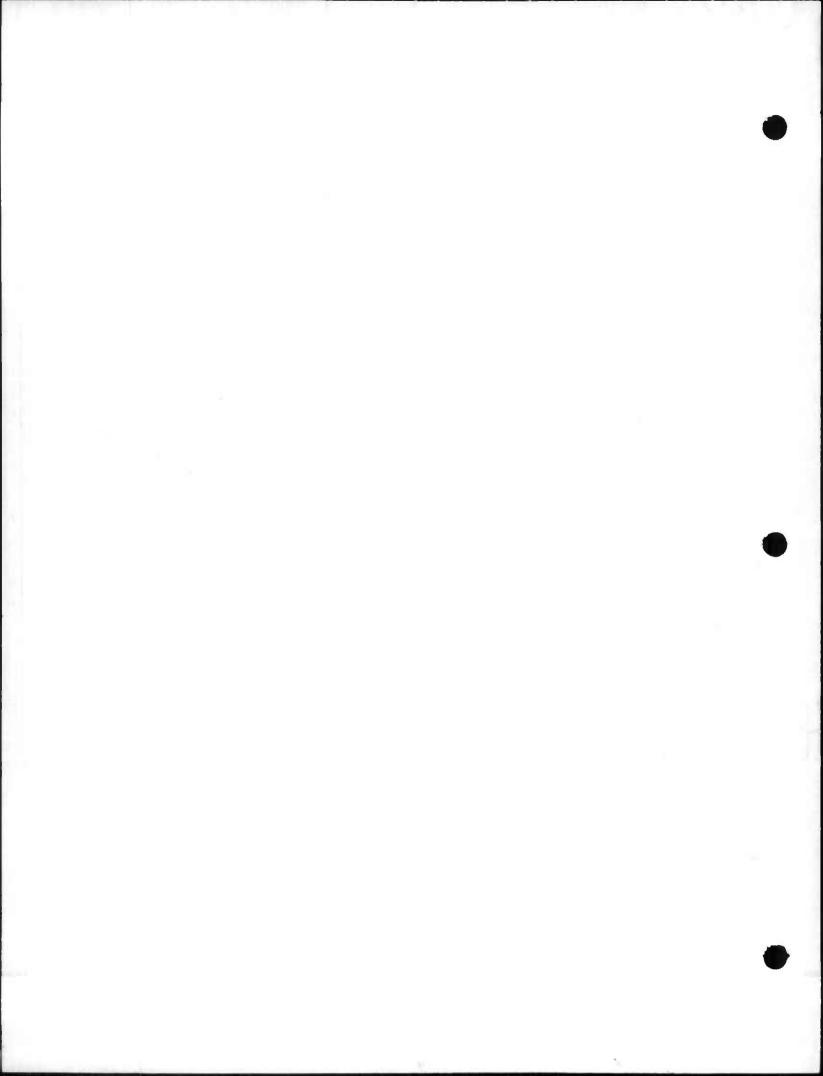
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3 YEAR 3. TIME OF DEATH 0 Sulle 550A H ames w 30 4. SOCIAL SECURITY NUMBER S/SEX 7. DATE OF BIRTH (Month, Day, Year) 8-3-25 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Washington DC 578-20-9480 68 13/13/ M 2 ☐ F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 936 Balboa Prince Georges Avenue Capitol Heights RESIDENCE OF DECEDENT 10s. STATE Capitol Heights 10d. INSIDE CITY Prince Georges MD 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 936 Balboa Avenue 20743 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 A Married 1 TYES 2 X NO Specify: Specify: BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Post Office 12th Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rufus Butler notified at Bessie E. Matthews BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rosalie Butler 936 Balboa Avenue Capitol Heights, Md. 20743 9 20s. METHOD OF DISPOSITION

15 Burlsi 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Must Lincoin Memorial Cemeter4-5 Suitland. Md 22. NAME AND ADDRESS OF FACILITY Marshall's Funeral 4217 9th Street, medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Home Inc N. mars Washington, DC 23. PARTI. Enter the diseases, or compilcations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death the disease or condition Leukemeas resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 23 shows any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 DINO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 VES 2 NO 26. PLACE OF DEATH (Check only one) Пеш HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ing Home 5 Passidence 6 - Other (Specify) 4 Numi marked, or 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 100 COMPLETED E g 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated (Check only one) 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death MPORTANT 296. SIGNATURE AND TITLE OF CENTIFIE 29d. DATE SIGNED (Month, Day, BE Hodge ugrass -30 30 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32 REGISTRAR'S SIGNATURE Julia Davidson-Randall



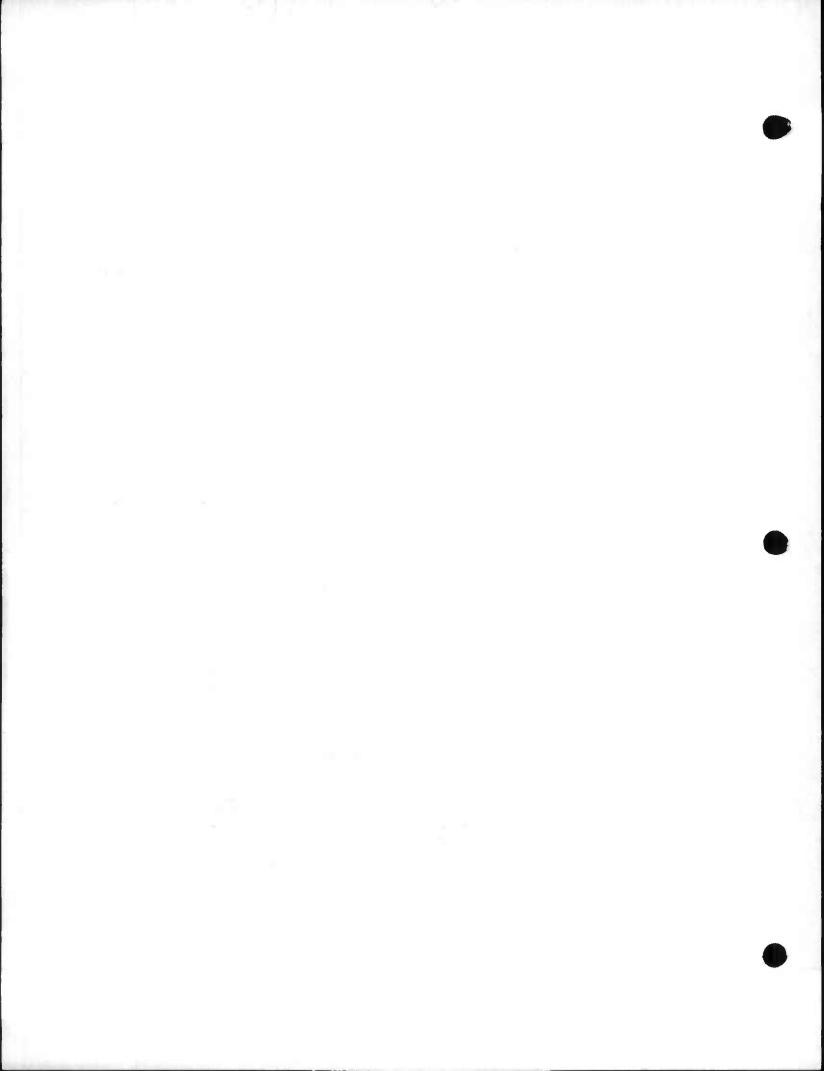
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TO THE HOSPITAL OR ATTENDIVE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after di	TO THE FUNERAL DIFFERENT Are this certificate has been signed by the attending physician and completely filled in by the f	S	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical as	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 FRANK **BYNUM** 04 04 1:05PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) 06 28 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign North Carolina 238-42-1360 1 🛛 M 2 🗌 F 60 32 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR PRINCE GEORGES HOSPITAL CENTER PRINCE GEORGES CHEVERLY RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Landover 1 X YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1511 Belle Haven Drive 20785 U.S.A. 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: Black 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 12th grade Food Server Holiday Inn once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Frank Bynum, Sr. Ħ Ruth Watson BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Deloris Bynum (Wife) 1511 Belle Haven Drive Landover, Maryland 20785 9 20e. METHOD OF DISPOSITION
1)() Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify)
21. BUNATURE OF FIMEBAL SERVICE (ICENSEE) 4/021/ 9 B 20c. LOCATION - City or Town, Stata 20b. PLACE AND DATE OF DISPOSITION (Name of must Maryland Veterans' Cemetery Cheltenham, Maryland examiner Rollins Funeral Home, Inc. 4339 Hunt Place, N.E. Wash. D.C. 20019 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Final** the disease or condition resulting in death) Intracerebral hemorrhage event, OUE TO (OR AS A CONSEQUENCE OF): Ryptured Cerebral or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Hyperterser 1 YES 2 70 OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TYES 2 THO 1 (Impatient 2 ER/Outpetient 3 DOA ing Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF INJURY 28c, INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Defural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER (Check only one)

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner ea stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(a) and menner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Heor C. Man. 039550 4-5-93 9 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) George (Hojjar, Jr. m.o. 4850 Forbes Blud Lanham, and 20706

32. REGISTRAR'S AIGNATURE PANDALL



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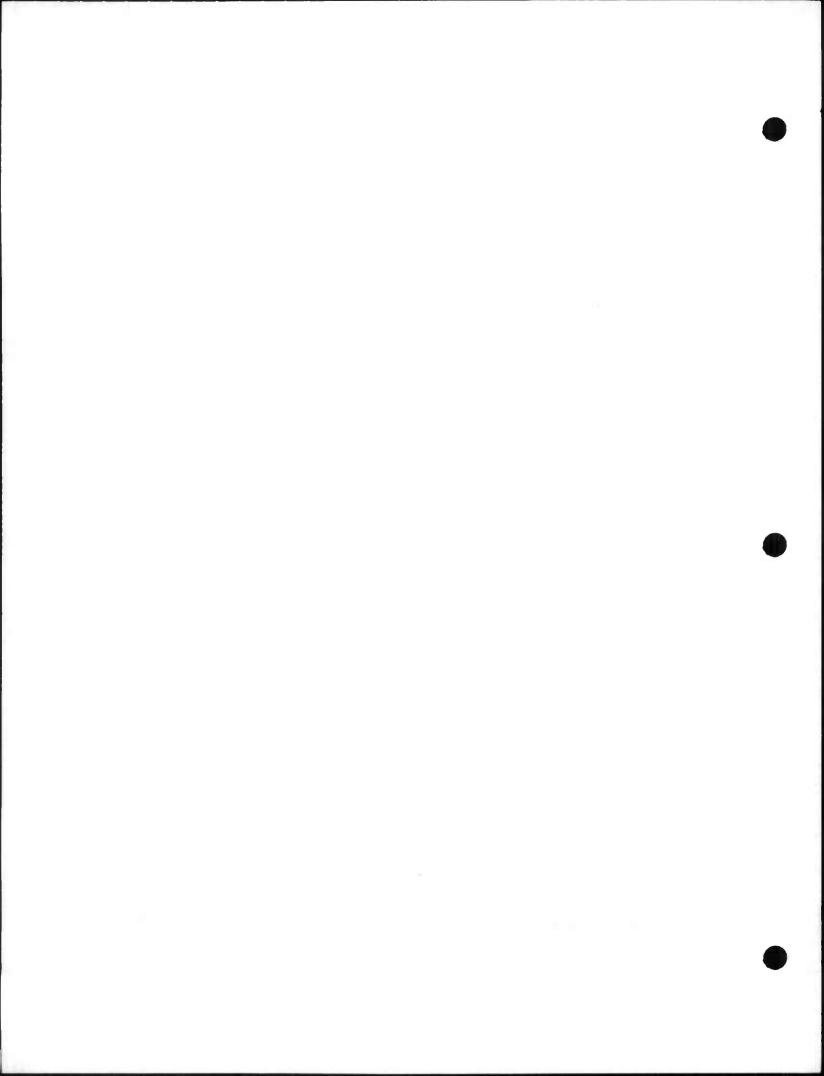
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 93 205 MARION Ray Buhhuck 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. (Month, Day, Year) 09-22. North Carolina 578-22-5601 1 - M 2 A F 1920 9a. FACILITY NAME (If not institution, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 500d SAMARIT BALTIMUTE MARYIA RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington, D.C. 14 YE\$ 2 | NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 626 Q St. N.W. 20001 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES BY Spec Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade 12th grade College (1-4 or 5+) Mile Long Sandwich Shops Manager be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Alonzo Ray Betsy Webb Ray BE 190. INFORMANT'S NAME (Type/Print)
Alice H. Ray (Sister) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 4241 Blaine St. N.E. #204 Washington, D.C. 20019 20g, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 4/10/93 20c. LOCATION — City or Town, State must 1 Donation 5 Other (Specify) Harmony Memorial Park Landover, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 ROLLIAS FUNETAL Home, Inc. 4339 Hunt Place, N.E. Wash 20019 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate ahock, or heart fallure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Finei Onset and Death the disease or condition_ 1 Carela vascular ir death with the State Dept. of Health and Mental Hygiene prior to burial, crema is marked, or item 23 shows any injury, or other traumatic event, reaulting in death) DUE TO (OR AS A CONSEQUENCE D Myperteus C DUE TOJOH AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION euno Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING a CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO OF DEATH? 1 YES 2 -NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 FYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige ВУ 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide IMPORTANT: If item 28 29s. CERTIFIER
(Chank only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) Okin 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF PERSON YOUK

nelia Davidson-Randese

BALTIMORE, MARYLAND 21215-0020

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	1. DECEDENT'S NAME (First, Middle, Least) BLANCHE	BRACEY	11/4			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			, , —	T	4 -	5 5			
7	579-34-1134	5. SEX 0	. AGE (In vrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) 1-11-19:		BIRTHPLACE (State or Foreign Country) Vashington, DC		
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY. TOWN	OR LOCATION OF D		DE COUNTY			
C .	3607 65th Avenue	170				CAIT!	275			
2	RESIDENCE OF DECEDENT			Lando	ver .		Princ	e George's		
ည	10a, STATE 10b COUNTY	v		TY, TOWN OR LOCA						
DIRECTOR		e-George's		andover	TION '		10d. INSIDE (LIMITS? 1 YES 2			
4	10e. STREET AND NUMBER	t		10	f. ZIP CODE		10g. CITIZES	OF WHAT COUNTRY?		
FUNERAL	3607 65th Avenue			20784			U.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT I	YES 2 X NO	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No 14	. RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF			2 NO Speci	en, Puerto Rican, etc.) fy:		Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL OCCUPATE work done during me see retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS			
Ä	Elementary/Secondary (0-12)	College (1-4 or 5+)					**			
ME	17. FATHER'S NAME (First, Middle, Last)		Housew	lie	I		Home			
_	William A. Ham	۵1				AME (First, Middle, Meide				
BE	19a. INFORMANT'S NAME (Type/Print)		19h MAILIN	ADDRESS (Street	Myrtl	.e Gre		ide 1		
2	Roscoe F. Bracey					dover, Mai				
	20s. METHOD OF DISPOSITION		20b. PLACE AND DATE	DEDISPOSITION (N	ame of	DATE 20c II	OCATION - CIN	or Town State		
	20a. METHOD OF DISPOSITION 1 Burlei 2 Commatton 3 Ramoval from State 4 Donation 5 Other (Specify) Metropolitan Crematory 4/06/93 Alexandria, Vin									
	21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEX		22. NAME A	ND ADDRESS OF FA	CILITY				
	Vack D	Fine	nd			ch's Sons Funeral Home, P.A. ore Ave., Hyattsville, MD 20781				
	23. PART . Enter the diseases, or o	complications that c	aused the death. Do	not enter the mo	ode of dying, suc	ch as cardiac or rest	piratory arrest	. Approximate		
1 1	ahock, or heart fellure.	List only one cause	on each line.					Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	10		,				Onset and Death		
	resulting in death)	· Muly	R AS A CONSEQUENCE OF	14810	ma					
		DUE TO (D	R AS A CONSEQUENCE C	F):	-					
N N	Sequentially list conditions,	b								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEDUENCE C	MF):						
유	CAUSE (Disease or injury that initiated events	cOUE TO (O	R AS A CONSEQUENCE O	NF):						
F	resulting in death) LAST	4								
		-								
EDICAL	PART ii. Other significant condition	a contributing to de	eath but not resulting	in the underlyin	g cause given in	Part i. 24s. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
할						1 YES		COMPLETION OF CAUSE		
							X	OF DEATH?		
Σ						— I '		1 TYES 2 ND		
Z										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	neck only one)				
S	1 YES 2 NO		R/Outpetient 3 DOA	OTHER: 4 - Nursing Hon	ne 5 Residence	8 Other (Specify)				
PHY	27. MANNER OF DEATH	28e. DATE OF IN		ME OF 28c, IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED		
	Natural 5 Pending	(Month, Day,	Year) A IN		ORK? YES 2 NO					
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	NJURY At home, farm,	street, factory, offic	:0	281. LOCATION (Street	and Number or	Rural Route Number,		
Ш	4 Homicide determined	building, etc	c. (Specify)			City or Town, State		110		
	29a. CERTIFIER	CIAN: To the best of	y knowledge, death occur	Wan e	os overse		Editor			
₹										
COMPLET			mination and/or investigati	on, in my opinion, o	seath occured at the	time, data and place, a	nd due to the c	ause(e) and manner es stated.		
BE	296 SIGNATURE AND TITLE OF CERTIFIE	1-11	1 Extended	nedical	29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
0	M MIME AND ADDRESS OF PERSON WITH	O COMPLETED ONLY	7061	nire	001	072	1	V-93		
	PAN A DEPENSION WH	DE MA	UZUZ /) IPPALI	5. Ja 1	2/ 4/4/	How	6 141) 2021		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE Pands	00	- Drug /-	M 1 1 1	, , , , ,	- 540 101		
	APR 0 8 1993	3 Guliar	Vaurdson-Manda	مالار	•					



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		the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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3ALTIMORE, MARYLAND 21215-0020	or death. Page 6 may be retained by the hospital or attending physician.	die.
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ASPIRATION FOR THE NOTING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or ath	PRESIDE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	ġ,	the marked or item 22 shows any inline or other trainmelie many the madical eventual he maillied at annual
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			FOR	STATE OF M	ARYLAND /	DEPAR	TMFN	TOFH	FAITH	AND 8	MENTA	II HYGIEN	F	93	11958
	1	_	1 - STATE REGISTRAR		CI	RTIF	ICAT	E OF	DEAT	Н		REG. NO			
			1. DECEDENT'S NAME (First, Middle, Last)											YEAR	. TIME OF DEATH
			Evelyn B6 4. SOCIAL SECURITY NUMBER	s. sex	8. AGE (In yrs. les	t hirthday)	IF UNDE	1 YEAR	IF UNDER	24 LIDS	T DATE	ch 31.	1993		9:35 A. M
			415-56-2208	1 🗆 M 2 💢 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	28,1	936	Country)	lessee
	should		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	, TOWN O	R LOCATIO	N OF DE		,		TY OF DEA	
	,3 8	OR	6449 Hill Mar Dri	ve #202			Fore	stvi	11e				Prin	ce Ge	eorges
		DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT		OR LOCAT							Od. INSIDE CITY
	Pag.	PHO	Maryland Princ	e Georges	3			ille							LIMITS?
	physician. burial-transit permit. Pages 1,	A	10s. STREET AND NUMBER						ZIP CODE				10g. CITIZ		AT COUNTRY?
	n. ansit	FUNERAL	6449 Hill Mar Dri	ve #202					2	0747			U	.S.A.	
20	nysicia urial-tr	5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AR		13.	WAS DEC	ENDENT OF	F HISPAN	IC ORIGI	N? (Specify Yes		14. RACE -	- American Indian, White, etc.
5-0020	the by	B	3 Widowed 4 Divorced	IF YES, GIVE WA	AR OR DATES				pecify Cuban, Mexican, Puerto Rican, etc.) S 2 NO Specify:				Specify:		
215	use as	G	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N		16	b, KIND OF BU	SINESS/INDI	USTRY	Black
2121	for u	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho	Do NOT us	se retired.)		st of working	9					
MARYLAND	retained by the hospita 5 should be detached notified at once.	COMPL	12		F	lome	make	r				Own Ho			
LA	at on		17. FATHER'S NAME (First, Middle, Lest) John Rodgers									Middle, Maiden	Sumame)		
AR	5 should in notified	BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street o		Lila		Brice nber City or Tow	n State 7in	Codel	
X	e 5 st	2	Gladys Phelps									orestv			20747
R	r, page		20a. METHOD OF DISPOSITION 1 © Burlal 2 Cremation 3 Rem	comi franciótata	20b. PLACE	AND DATE	OF DISPOS	SITION /Na		11 202	DA			City or Town	
M	ige 6 may director, p		4 Donation 5 Other (Specify)		Cedar	Hil	1 Ce	mete			4/6	5/93 Su	itlar	nd, M	D
BALTIMORE,	24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-tran ion, or removal. The medical examiner must be notified at once.		THE GOVERNMENT OF FUNERAL SERVICE LICE	The	ebart		4	308	Suit1	land	Rd.	Suit1	and,	MD	al Home,Inc 20746
100	d in by the or removal		23. PART I. Enter the diseases, or o shock, or heart fallure.	complications that	caused the de	eth. Do r	not enter	the mo	de of dylr	ng, such	as car	rdiac or respi	ratory arre	est,	Approximate Interval Between
	y filled leation, or the me	ı	IMMEDIATE CAUSE (Final disease or condition	in	1 -0			P.			-	1 -			Onset and Death
			resulting in death)	a. OUE/ID I	OR AS A COMPANY	the	-	Cl	Lu	uz	-0	Ca	nel	4	
68760,	executed within and completely be burial, cremat matic event,	z	-	By	mind	An C	6 20	1	4			l Ca			i l
9 X	ate be executed hysician and comprise to burial, or traumatic ev	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OTENCE OF		MU	erc	ar	-				
BOX	eath certificate be attending physician stal Hygiene prior to y, or other traun	ICA	CAUSE (Disease or Injury	c	ne se s essisse										
0	h certifica inding phy Hygiene i or other	RTIFIC	that initiated events resulting in death) LAST	DUE 10 (OR AS A CONSE	DUENCE OF	FIE								
S, P	death atter	뜅		6											
RECORDS	requires that the death certificate sen signed by the attending physic of Health and Mental Hygiene pri shows any injury, or other tr	DICAL	PART II. Other significant condition	s contributing to o	death but not r	esuiting	in the u	ndertylng	cause gi	iven in i	Part i.	24a. WAS AN PERFOR		A	PERE AUTOPSY FINDINGS MAILABLE PRIOR TO
00	ulres that signed b Health ar IWS any	ED									_	1 TYES 2	NO		OMPLETION OF CAUSE OF DEATH?
E E	v require been sig xt. of Hea	Σ									_			1	YE\$ 2 NO
AL	S & S	AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	ck only o	(ne)	-		
VITAL	SICIAN: The certificate he the State i, or item	SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:	5 KRee			-			
OF	PHYSICIAN: The this certificate his with the State Cirked, or Item	PHY	27. MANNER OF DEATH	28e. DATE OF I		28b. TIM		28c. INJI	JRY AT			SCRIBE HOW I	NJURY OCC	URED	
N		BY	1 Accident 5 Pending Investigation				М	1 🗆 Y	ES 2 🗌	NO					
SIC	HECTOR: After HECTOR: After HECTOR: After HECTOR: After HECTOR: A	8	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF building, e	INJURY — At ho tc. (Specify)	me, ferm, s	street, fec	lory, office	•	- 1	28f. LO	CATION (Street of or Town, Stetu)	and Number	or Rural Rou	ite Number,
DIVISION	PRECTOR AT	LET	29a. CERTIFIER 136 CERTIFICATION DUVE	OLANI, T. A. C. C.				7 -							
-0	133	COMPL	(Check only one) 2 MEDICAL EXAMINE												and manner as atested
-	2 1 2 X		296. SIGNATURE AND THLE OF CERTIFIER					1	29c. LICE			- ma prove, an			fonth, Day, Year)
14.	2 2 2 X	BE		03					15	9/1	15				5, 1993
-	FFA	2	30. NAME AND ADDRESS OF PERSON WH		OF DEATH (ITE	4 27) (Type	Orint)		UX	//	7 6		A	PITT	J, 1773

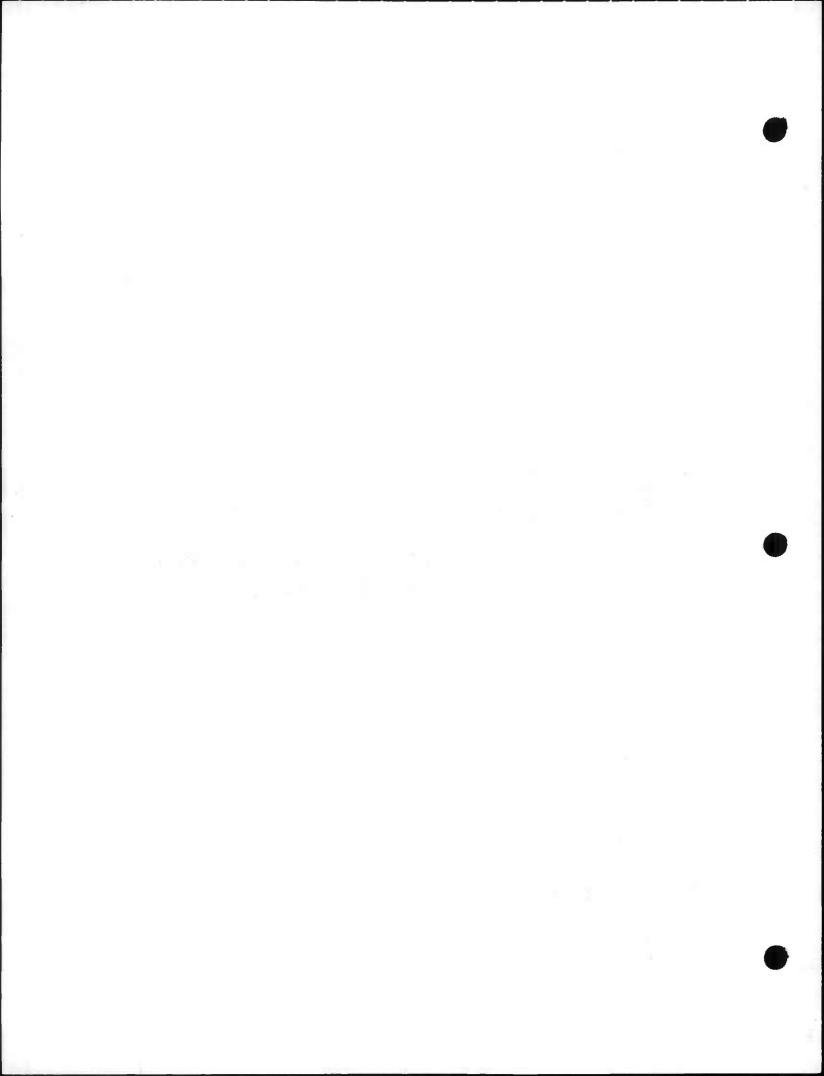
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Charles R. Boice, M.D. 10215 Fernwood Rd. #303 Bethesda. MD 20817

31. DATE FRIED (Month, Day, 1987)

APRO 6 1993

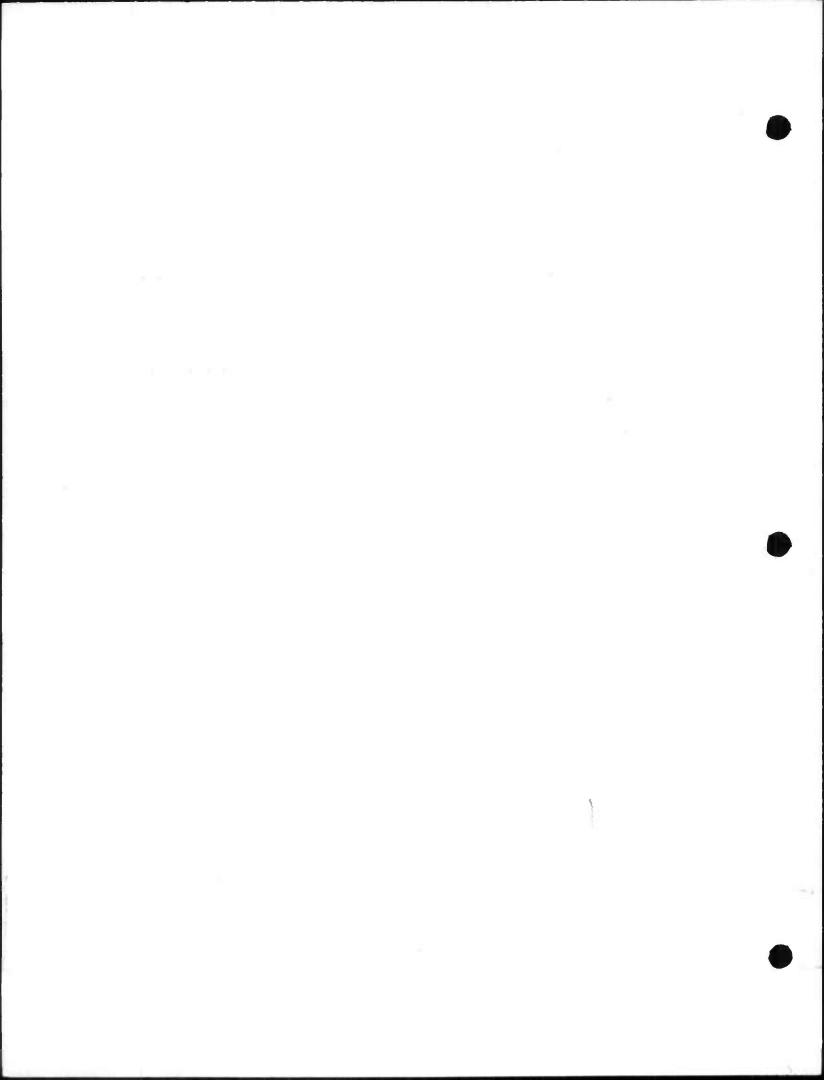
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law requi	as been sign	Dept. of Healt	23 shows
he law requi	e has been sign	e Dept. of Healt	m 23 shows
I: The law requi	cate has been sign	State Dept. of Healt	item 23 shows
IAN: The law requi	tificate has been sign	e State Dept. of Healt	or item 23 shows
SICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending p	certificate has been sign	the State Dept. of Healt	L or item 23 shows
HYSICIAN: The law requi	it certificate has been sign	with the State Dept. of Healt	und or item 23 shows
PHYSICIAN: The law requi	the certificate has been sign	with the State Dept. of Healt	arked, or item 23 shows
IND PHYSICIAN: The law requi	ment cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	each with the State Dept. of Healt	marked, or item 23 shows
IDINO PHYSICIAN: The law requi	continue certificate has been sign	r death with the State Dept. of Healt	semarked, or item 23 shows
TEMPINATEN SICIAN: The law requi	THE ATTENDED CONTINUES TO SIGN	ther dead with the State Dept. of Healt	is a marked or item 23 shows
ATTENDING PHYSICIAN: The law requi	EUTOR THE THE CONTINUES HAS been sign	a man deap with the State Dept. of Healt	1 28 is marked, or item 23 shows
IR ATTENDING PHYSICIAN: The law requi	INFERTOR ATTEMPTS certificate has been sign	nurs after dead with the State Dept. of Healt	em 28 is marked; or item 23 shows
A OR ATTENDING PHYSICIAN: The law requi	LEPHERTOR ATTACKE CONTINCATE has been sign	from the State Dept. of Healt	I liem 28 Jermanete or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ITAL OR ATTENDING PHYSICIAN: The law requi	HAL DIRECTOR ATTEMPTS CONTINUATE has been sign	72 hours after deap with the State Dept. of Healt	If item 28 is marked, or item 23 shows
SPITAL OR ATTENDING PHYSICIAN: The law requi	HERAL EMERTOR Area this certificate has been sign	hin 72 hours then death with the State Dept. of Healt	NT. II Item 28 is marked, or item 23 shows
HOSPITAL OR ATTENDING PHYSICIAN: The law requi	HUNERAL EMERTOR ATTENDED CONTINUES TO SIGN	within 72 murs mer dear with the State Dept. of Healt	TANT. II liem 28 is marked; or item 23 shows
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	HE HIMERAL DIRECTOR ATTACKED CONTINUED TO SIGN	ed within 72 murs than death with the State Dept. of Healt	DRTANT II liem 28 is marked, or item 23 shows
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	THE HINERAL DIRECTOR ATTACKS CONTINUED IN DOCUMENTS TO SIGN	fied within 72 murs than death with the State Dept. of Healt	PORTANT II liens 28 is marked, or item 23 shows
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	TO THE FUNERAL EMERTOR. WHEN THE CONTINUATE has been sign	be find within 72 nouns that deap with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II liens 28 is marked, or item 23 shows

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA	MENT OF H	EALTH AND	MENTAL HYGI REG.			11203	
-	1. DECEDENT'S NAME (First, Middle, Last)	r	DEATH	2. DATE OF DEATH	DAY	YEAR 2	TIME OF DEATH			
	114 16 4539	S. SEX S. AGE IN YOU	yrs. (ser birnday) If UNDER 1 YEAR IF UNDER 24 IPES. WONTHS DAIRS HOURS MINE.			7. DATE OF BIRTON			ACE (Steel or Foreign	
10R	Anne Arundel Hospi		100	nnapol:	R LOCATION OF D	EATH /	1 ST. F. C.	Anne Arundel		
DIRECTOR	10s. STATE 10s. COUNTY Maryland Anne A	rundel	- 5050000	Annapolis				10d. INSIE LIMIT		
	10s. ETREET AND NUMBER 919 Barnegat La.	L CHIACOL	Auto	101	ZIP CODE 21401		10000	IZEN OF WHU	T COUNTRY?	
FUNERAL		12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify in, Puerto Rican, atc.)	Yea or No-	14. RACE — Black, V	American Indian, White, etc.	
D BY	3. Wildowed 4 Divorced 15. DECEDENT'S EDUCA	IF YES, GIVE WAR OR DATES		1 🗆 YES	2€XNO Specif	y:		Cauca		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	N st of working		BUSINESS/INC			
	17. FATHER'S NAME (First, Middle, Last) HOWard A. Slater	0	secreta	ry		R.E.A	den Surname)	•		
O BE	19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADI		nd Number or Rural	Bergu. Route Number, City or		e, Zip Code)		
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Remon	A CONTRACT AND DATE OF THE PROPERTY OF TO								
	4 Donation 5 Other (Specify)	100	cremato		3-31-93 Clinton, MD AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 3 Old Alexander Ferry Rd.,					
4	23. PART I Enter the diseases, or co	empilications that caused the	e death. Do not	CTTIL		20733			Approximate	
	abock, or heart failure. List only one cause on each fine. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. A CUMONIA									
2	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Severe dementially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Yes									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CERI	that initiated events resulting in death) LAST	THE TO GOT AS A COT	NSEODENCE OF):							
A.	PART II. Other significent conditions	contributing to death but n	ot resulting in ti	he underlying	PERF			AM	FRE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE	
: MEDIC						T TES	2 <u>Ş</u> №0		DEATH?	
HTSICIAN:		HOSPITAL:		THER:	ACE OF OEATH (Ch					
Lun	27. MANNER OF DEATH 1 XNetural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	IRY AT	8 Other (Specify) 28d. DE\$CRIBE HO	W INJURY OCC	CURED		
20.00	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	it home, larm, stree		E3 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ULTE.	29e. CERTIFIER (Check only one)	AN: To the best of my knowledge	e, death occurred at	the time, date	and place, and due	to the cause(a) and i	nanner se stat	ed.		
5	2 MEDICAL EXAMINER:	On the beals of examination and	d/or investigation, in	my opinion, de	ath occured at the				orth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	atters!	ירוע י	165)	3)30	793	
	31. DATE FILED (Month, Day Year)	MIDN 2	05/	Y vdge	ly the	e. Ar	ngo	·lis,	WY 2140	
	APR 0 6 1993	32. REGISTRAR'S SIGNATUR	Mandell							



1993

9c. COUNTY OF DEATH

USA

2. DATE OF DEATH

2

3. TIME OF DEATH

IOd. INSIDE CITY

1 YES 2 NO

8. BIRTHPLACE (State or Foreign

Maryland

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — Ame Black, White,

Churchville, Md.

21009

Onset and Death

Approximata

24b. WERE AUTOPSY FINDINGS

MAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

white

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

Anna

APR 16'93

1. DECEDENT'S NAME (First, Middle, Lest) ANNA MELICENE BISHOP

5 SEX

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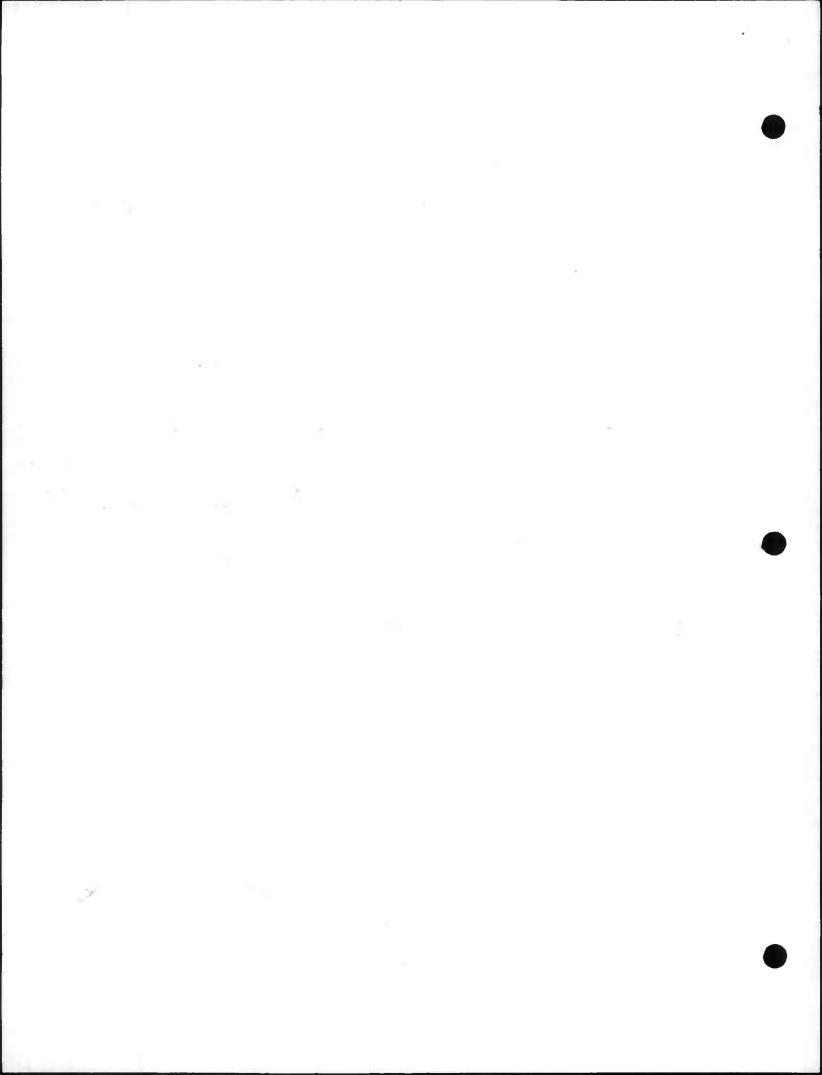
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7	PHYSICIAN:
MINISTER OF VITAL RECORDS, P.O. BOA 66/60,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
5	.0

6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 216-12-5412 1 - M 2 X F 79 /30/1914 permit. Pages 1, 2, 3 should Se. EACILITY NAME (If not institution, give street and number) Mittoria Hartord DIRECTOR RESIDENCE OF DE 10c. CITY, TOWN OR LOCATION Churchville Harford Maryland FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 2915 Level Rd. 21028 use as the burial-transit fter death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or if yes, specify Cuben, Mexican, Puerto Rican, etc.)
 U YES PERMO Specify: 1 Never Married 2 Married В 3X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highe ğ Elementary/Secondary (0-12) College (1-4 or 5+) detached 11 U.S. Government Statistical Clerk 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) James Elijah Archer Mary Jane Livezey 75 page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William A. Bishop 2915 Level Rd., Churchville, Md. pe 20a, METHOD OF DISPOSITION
1.5 Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State director, must Churchville Presbyterian Cem 4/17/93 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Rd., Abingdon, Md. removal. medical 3 23. PART I. Enter the disease a, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. filled in ö IMMEDIATE CAUSE (Final and completely fille burial, cremation, other traumatic event, the disease or condition Mocardi resulting in death) HEART DISTASE CERTIFICATION Sequentially list conditions, prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 0 the attend Item 23 shows any Injury, PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate to the State I EXAMINER? HOSPITAL:
1 Dipatient 2 ER/Outpatient 3 DOA OTHER: e 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with C is marked, Natural 1 YES 2 NO BY After t Accident PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be DIRECTOR: hours after COMPLETED Item 28 4 Homicide 29s. CERTIFIER
(Chack ank)
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE CHILLE TO BE filed within 72 h 2 $\ \square$ MEDICAL EXAMINER: Dn the basis of sxamination and/or investigation, in my opinion, de 296 SIGNATURE AND TITLE OF CERTIFIER BE 2 ME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) GOVRE DE GRAC 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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31. DATE FILED (Month, Day, Year)
APR 16 93

32 REGISTRAR'S SIGNATURE
Julia Davidon

attending physician.	should and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
thin 24 hours after death. Page 6 may be retained by the hospital or attending phy-	d be detached f		PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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6 may b	ctor, pag		nust be
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SICIAN: The law requires that the	his certificate has been signed by the attending physician and	apt. of H	3 show
N: The	ficate ha	State De	Item 2
G PHYSICIA	his certif	with the	ked, or
NOING P	TOR: After this	r death	Is mar
OR ATTE	THE FUNERAL DIRECTOR	be filed within 72 hours after death with the State Dept. of Health and Mental H	1em 28
SPITAL	NERAL C	hin 72 hi	NT: H II
Z = 12	THE FU	filed with	PORTA
8	2	2	2

									9:	3 11961
	FOR 1 - STATE REGISTRAR	STATE OF MARYL				EALTH AND I	MENTAL	HYGIENS REG. NO.		0 11501
	1. DECEDENT'S NAME (First, Middle, Last)	6.		~			2. DATE C	F DEATH	,	3. TIME OF DEATN
- 0	NATHERINE		2	131	ve		24	13	1 9	3 12:06PM
	4. SOCIAL SECURITY NUMBER		in yrs. lest birthdey,	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTN Day, Year)	- 1	BIFITNPLACE (State or Foreign Country)
	215-32-6388	1 M 2 XF 85	YRS.					9/07		Baltimore,MD
DIRECTOR	Se. FACILITY NAME (If not institution, give s AR FORD ME RESIDENCE OF DECEDENT	morial Ho	ospital	Spital NAURE de GRA					9c. COUNTY	R FOR O
3EC	10a. STATE 10b. COUNTY	1	10c. CI	TY, TOWN	OR LOCAT	ION				10d. INSIDE CITY
<u>a</u>	Maryland	Harford		Abe	rdeer	1				LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	760 Battle Avenu	ae es				21001			U	.S.A.
2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13.	WAS DEC	ENDENT OF NISPAN	VIC ORIGIN?	(Specify Yes		. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA				2 XNO Specify		can, and		Specify:
ED 8	15. DECEDENT'S EDU	CATION	16a. DECEDENT	e Herrar 7	ACCIDATIO	NA1	Lan	/WID 05 BUG	INESS/INDUS	Black
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of	work done	durina mo	st of working	100.	KIND OF BUS	INESS/INDUS	THY
7	8	College (1-4 or 5 +)	Homem	aker			-	In hom	10	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		220110411	D.O.		18. MOTHER'S NA				
ш	UNK					Mary S	Stansk	ourv		
10 B	19a. INFORMANT'S NAME (Type/Print)	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip							, State, Zip Co	de)
F	Amelia Durbin		760	Batt	le A	Avenue, A	Aberde	en, M	arylar	nd 21001
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem		PLACE AND DATE			me of	DATE	20c. LOC	ATION — City	or Town, State
	4 Donation 5 Other (Specify)	Mt	. Calva	ry Me	ethod	list Cem.		7 Ab	erdeer	n, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22.		or address of fa		hinora] Home	D 7
	Bany K.	Di Dieve	inni		Ab	erdeen.	Mary]	and	21001-	-3399
	23. PART I. Enter the diseases, or o	complications that caused List only one cause on e	the death. Do	not enter	r the mo	de of dying, suc	h aa cardi	sc or respir	atory arrest	t, Approximate
	IMMEDIATE CAUSE (Final	O a s	1110.			Λ				Interval Between Onset and Death
	disease or condition									
	TATELON TO ABOUT	DUE TO DR AS A CONSEQUENCE OF:								
N N	Sequentially list conditions,	one Chronic Round Failure								
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (QR AS A CONSEQUENCE OF):								
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE	OF):						- i
	resulting in death) LAST	d								!
8										
EDICAL	PART II. Other eignificant condition	a contributing to death be	ut not resulting	in the U	nderlying	g ceuse given in	Part I.	PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă							- 1	1 TYES 2	□ NO	OF DEATH?
≥							—			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	F			00.01	10F 0F 0F1TH (0)				l
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	etleet 3 🗆 DOA	OTHE	R:	ACE OF DEATH (Ch				
Ĭ	27. MANNER OF DEATN	26a. DATE OF INJURY	28b. TI	ME OF	28c. INJ	e 5 Residence			JURY OCCUR	RED
	1 Netural 5 Pending	(Month, Day, Year)	"	IJURY M		RK? (ES 2 NO				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	28e. PLACE OF INJURY At home, ferm, street, factory, office						nd Number or	Rural Route Number,
ш	4 Homicide determined	sometry, etc. (apec	,/				Uny or	Town, State)		
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my knowl	ledge, deeth occur	red at the	time, data	and place, and due	to the caus	e(e) and man	ner as stated.	
COMPLET										ause(e) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1 R. C.	- //	2		29c. LICENSE NUI	WBER		29d. DATE SI	IGNED (Montyl, Day, Year)
TO B		Blean	1 ye	77		D15	515	2	▶ 4	114193
Z	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DE	ATM CITEM OF THE	0.1-0					-	7.4

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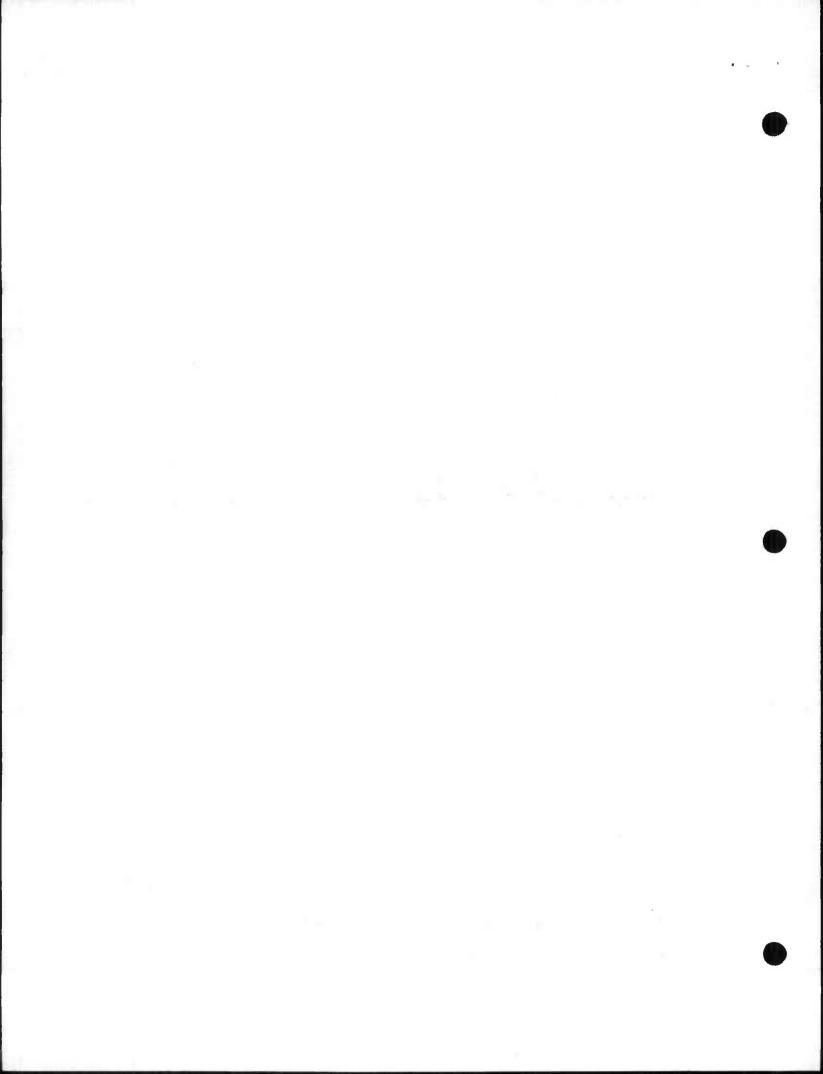
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO BE COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO BE TUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the complete than 28 is marked, or film 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATH		
	Julian French	Baker, Sr.				April 9		12:30 p M		
	4. SOCIAL SECURITY NUMBER		2400	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Count	IPLACE (State or Foreign		
	218-32-0463 9e. FACILITY NAME (If not institution, give str	1 M 2 F 7 G	YRS.		R LOCATION OF OE	Oct. 7,1		TH CAROLII		
DIRECTOR	Harford Memorial H	ospital			VRE DE GRACE HARFORD					
REC	10a. STATE 10b. COUNTY			WN OR LOCAT	ION	*		10d. INSIDE CITY		
	MARYLAND HARF	ORD	ABE	RDEEN				1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER			101.	2100	1	UNITEI			
FU	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DECI	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		E — American Indian, k, White, etc.		
ВҰ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES	1 TYES			Spec WH I	fly:		
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	N It of working	16b. KIND OF BUS	SINESS/INDUSTRY	-		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	FARMER	ired.)	i or working	DAIRY				
OM	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NAM	ME (First, Middle, Malden	Surnama)			
BE C	JAMES SAMUEL	Baker			ALMIDI		EVINS			
10 B	VIRGINIA L. B	AKER			_	oute Number, City or Tow		1001		
	20a. METHOD OF DISPOSITION	206	449 RU			BERDEEN,	MD 2	21001		
)(D)(Buriel 2 Cremation 3 Remon 4 Donation 5 Other (Specify)	ral from State Cen	LATE RID		METERY		LTA, PA			
	21. SKINATUME OF FUNERAL SERVICE LICE	Lavel	ide		NS FUNE			DELTA, PA		
	23 PART i. Enter the diseasea, or co	mplications that caused	the deeth. Do not e					Approximate		
	shock, or heart failure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DOE TO (OF AS A	twe be	aut	Partur			interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
AL	PART II. Other eignificent conditions	contributing to deeth b	ut not resulting in th	e underlying	cause given in I	Part i. 24e. WAS AN		WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDIC						1		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PL	ACE OF DEATH (Che	ck only one)				
IXSI		Inpatient 2 ER/Outp	etlent 3 DOA 4 D	Nursing Home	5 Residence					
ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 Y		28d. DEŞCRIBE HOW II	NJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, office		261. LOCATION (Street a City or Town, State)	and Number or Rural F	Toute Number,		
COMPLETED		AN: To the best of my know						e) end manner as stated.		
TO BE C	296. SIGNATURE AND TITLE DE-CERTIFIER	w			29c. LICKHSE NUM	7/2	≥4/12	(Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO	K JU	494	BOE	Ha.	ACLE 1	(BOTELL)	EEEV, MU		
	31. DATE FILED (Month, Day, Year) APR 16'93	32. REGISTRAR'S SIGN								
	1811 - 00	7								



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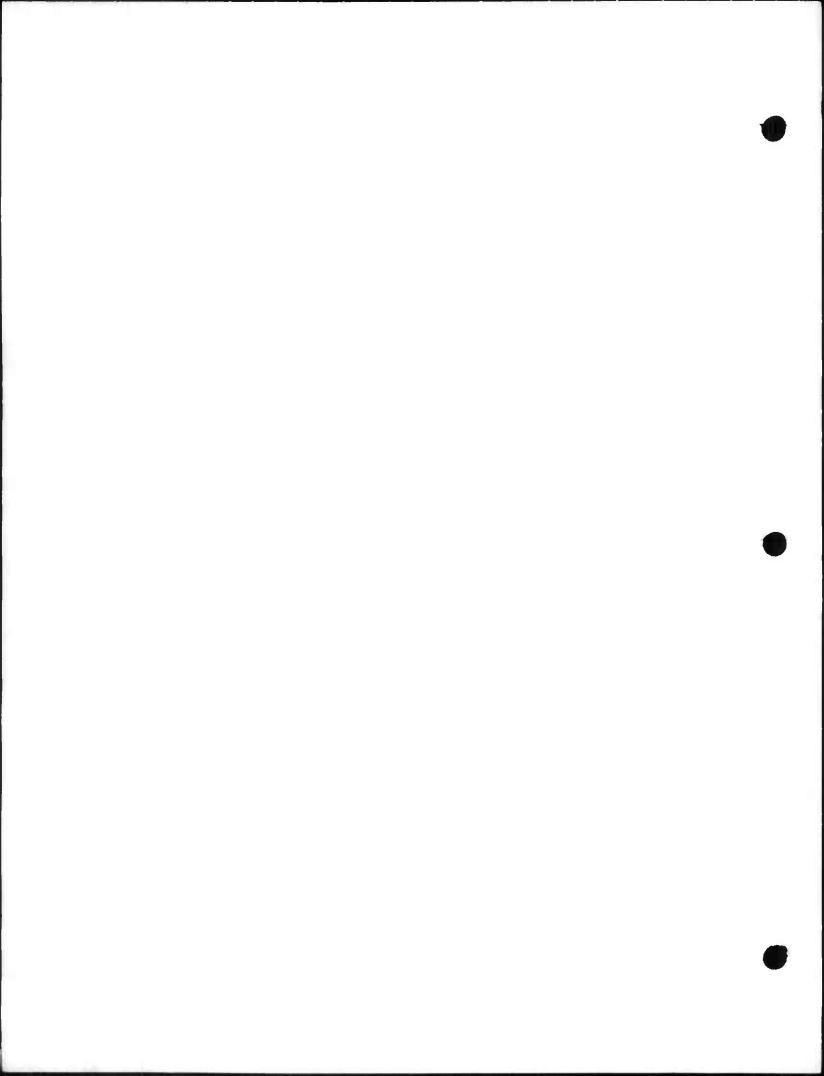
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2. DATE OF DEATH BONTH 22

22,

P		214-74-4665	ER	1 M 2 F	6. AGE (In yrs.)	YRS.	IF UNDER	DAYS	IF UNDER HOURS	24 HRS. MIN.	(Month,	Day, Year)	907	Country) Mary	and
, 3 should	стоя	9a. FACILITY NAME (II not in Vindobona N							ck He				1.00	ederic	
1, 2,	5	RESIDENCE OF DEC	EDENT												
ift. Pages	DIRE	Maryland	Free	derick			v, rown o raddo			nts					d. INSIDE CITY LIMITS? YES 2 X NO
permit.	M	10e. STREET AND NUMBER	Vind	obona Nu	rsing H							10g. CITI	ZEN OF WHA	T COUNTRY?	
an. ransit	FUNERAL	6012 Jeffe	rson B	oulevard				_	21	714			U.S.A.		
215-0020 attending physician. se as the burial-transit	B⊀	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	T EVER IN U.S. A YES 2 () MAR OR DATES		H	yes, sp	ENDENT O	n, Mexican	n, Puerto R	? (Specify Yes icen, etc.)	or No—	14. RACE — Black, W Specify:	American Indian, hite, etc. White
	E		EDENT'S EDU			DECEDENT'S	work done d			10	16b.	KIND OF BUS	INESS/IND	USTRY	
0 -	F	Elementary/Secondary (0	-12)	College (1-4 or 5		ile. Do NOT u	se retired.)			•		TT			
the hospital detached fo	COMPL	17. FATHER'S NAME (First, M	Intelle I and	4		Home	make	c				Home			
- 0		IV. PRINCE S NAME (FISI, M		arles Ed	word FS	TEDIV	,					liddle, Maiden	Surname)		
	BE	19a. INFORMANT'S NAME (7		arres bu				(Street o				ELLIS er, City or Town	Photo Zin	Control	
5 5 5	2	Mrs. Patric		Rutledge								stown,			2
RE, may be or, page	1	20a. METHOD OF DISPOSIT	ON			E AND DATE				и, п	DATE			City or Town,	
e 6 ma ector, 1	1	1 Donation 5 Other		oval from State	cemetary, c	rematory or o	ther place)			3_0	1				
th. Page 6 neral directo	١.	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE		- 111									21.701
4 9 2 X		► APR	an G	V Ru	Du - MO	0703						P.A. 1			
after and the move		23. PART I. Enter the di	seases, or o	complications the	t caused tha	death. Do	not enter	Ob.	de of dvi	ng. such	an card	ac or respi	reder	rick,	MD 21701 Approximata
y filled in tion, or the me	shock, or heart failure. List only one cause on each line.											interval Between Onset and Death			
B 20 8	N	Sequentially list conditi	000	· Alzh	einer	15	DIS.	ea:	5-e						
a clan	ATIC	If any, leading to immed cause. Enter UNDERLY!	diate NG	DUE TO	(OR AS A CONS	EOUENCE O	F):								
h certificate inding physic Hygiene pri	CERTIFICATION	CAUSE (Disease or Inju- that initiated events resulting in death) LAS		DUE TO	(OR AS A CONS	EOUENCE O	F):								
deat deat		DART II OM - I HI													
2 2 2	EDICAL	PART II. Other aignifica	nt condition	s contributing to	deeth but not	resulting	in the un	derlying	g ceuse g	given in i	Part I.	24a. WAS AN . PERFOR		AW	RE AUTOPSY FINDINGS MLABLE PRIOR TO
S & & & E	ă		_								-	1 YES 2	□ NO		MPLETION OF CAUSE DEATH?
requires seen sign of Heal	Σ										- 1			1 (YES 2 NO
23 begt	ICIAN:	25. WAS CASE REFERRED TO	MEDICAL					26 54	ACE OF D	EATM 401	ah anti i				
- F 2 8 8 6	SC	EXAMINER?		HOSPITAL:	EB/Outpetlant	2 🗆 2004	OTHER	1:							
PHYSICIAN: this certifical with the St infed, or It	PHYS	27. MANNER OF DEATH		26e. DATE OF	INJURY	28b. TIN	E OF	28c. INJ		sidence ((Specify)	JURY OCC	CURED	
NG PHYSI fler this c eath with marked,	ВУ Р		Pending investigation	(Month, D	lay, Year)	IN.	M		PK? YES 2 [NO					
TTEND TOR: A after d		3 Suicide 6	Could not be determined	28e. PLACE C building,	of INJURY — At I	home, ferm,	street, facto	ory, office	•		281. LOCA City o	TION (Street e Town, State)	nd Number	or Rural Rout	Number,
TO THE HOSPITAL OR ATTENTO TO THE FONERAL DIRECTOR: DE filed within 72 hours after IMPORTANT: If Item 28	COMPLETE			CIAN: To the best of											d manner as stated.
A HOS	8				ALIVATION OTCO		, in thy 04	minori, u				and piece, ere			
P F F F	B	296. SIGNATURE AND TITLE	OF CERTIFIER	•						NSE NUM	BER				onth, Day, Year)
268₹	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAIR	SE OF DEATH AT	FM 273 /5ma	Print		לכע	5553	-	- 0.7	The state of the s	iren z	3, 1993
		Judith P. H						R	norri o	l L	(a1	and 21	1716		17.
				22 DECLETO	ARS SIGNATURE	Panda 0	2	DI, UI	TOWIC	, P	mr y 1	and Z	1/10		
		31. DATE FILED (MONTH POR	4 199	3 guna	kaudasen-	Mailan									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL DIVISIONS

	1 - STATE REGISTRAR	J OF 1117411	CE				DEATH	MENIAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					-	<u> </u>	2. DATE O				3. TIME OF DEATH
	James Orval Blake							April	6. 1	993	YEAR	8:50 A. M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. A	VGE (In yrs. lest i	hirthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF		. , , , ,	A BIDTH	PLACE (State or Foreign
	205-16-4118	☑ M 2 □ F	67	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, i	Day, Ybar)		Country	y)
	9a. FACILITY NAME (If not institution, give street		07		AL OUTY	700000	R LOCATION OF D	4/5/	1920			, W VA
œ								PEATH			JNTY OF DE	EATN
2	319 Beggars Row Ro	ad			ET	kton				Ce	cil	
2	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10d, INSIDE CITY
DIRECTOR	Maryland Ceci	1		F	lktor	1					1	LIMITS?
	10e. STREET AND NUMBER				21001		ZIP CODE			100 OIT	TIZEN OF W	1 YES 2 NO
R	319 Beggars Row Roa	a				""	21921			iog. Gr		
FUNERAL		. WAS DECEDENT EVI	ED IN ILC ADM	ED.	1 40 1	40 D D D					U.S.	
	1 Never Married 2 Married	FORCES? 1 X	YES 2 NO		1	f yes, spe	ENDENT OF HISPA policy Cuban, Maxic	an, Puarto Ric		or No-	14. RACE Black	— American Indian, , White, atc.
Β¥	3 Widowed 4 Divorced	WW II	OR OATES		1	☐ YES	2 X NO Spec	lfy:			Specif	y: White
0	15. DECEDENT'S EDUCATION		18a DECI	EDENT'S	USUAL OC	CHIDATIC	IM.	1405 14	IND OF BUS	DINEGO (INI	DUATEN	
E	(Specify only highest grade com	oflege (1-4 or 5+)	(Give	kind of s			st of working	100. K	JIND OF BU	SIME 22/IM	DUSTRY	
7		/A	М	lach:	inest				Indu	stri	2.1	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	/ 11		acii.	Incot	_	18. MOTNER'S N	AME (51-4 44)-		0011	aı	
	James Newton Blake							, ,				
BE	19e. INFORMANT'S NAME (Type/Print)		106	MAILING	ADDRESS	(Cton of a	Maggie					
2	Nioma H. Thompson						Point RI					01001
			20b. PLACE AN					OATE			City or Tow	21901
	20a, METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State	cemetery, cremi	atory or o	ther place)		THE OF	1				WIN, STANS
	21. SIGNATURE OF TUNERAL SERVICE LICENS	EE	Union	Ceme			D ADDRESS OF F	4/9	} EI	kton	, MD	
	1/2/201	1 /				rou	ch Funer	al Hor	ne			
	1000ccs	· (11	THE	14			S. Main		North			21901
	23. PART I. Entar tha diseases, or com- shock, or haart failure. List	plications that cau	used the deat	th. Đồ r	ot antar	the mo	da of dying, su	ch as cardia	c or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	_ /	_ (,			05					Interval Between Onset and Death
	disease or condition resulting in death)	End	Dr.	2g	_ (_(ワドレ	/				
		DUE TO (OR /	AS A CONSEQU	JENICE OF	F):		1/					
Z	Samuelally the see diving 6.	Chric	/ /	2 /S	0 6	()	ASU	60.				
E	Sequantially list conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQU	ENCE OF	F):	1	1					
2	CAUSE (Disease or Injury	1 see p	Vei	س		horo	m 651	5				
E	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQU	ENCE OF	7:	1	1					
CERTIFICATION	d.	1 mil mon	rany		In	-50	112 00	5				
	PART II. Other significant conditions co	ontributing to deaf	th but not res	aultina i	n the un	darivino	causa given in	Part i. 2	4a, WAS AN	AUTOPSV	245	WERE AUTOPSY FINDINGS
DICAL	Hymer tension		/				oneda great ii		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	77 7 7	/ //						— I ¹	YES 2	MANO	1	OF DEATH?
ME	To We	cer cre	Stale									1 TES 2 NO
A N	- HITICORGUI	au f	/ hero	p	<u>/</u>							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		1/	OTHER		ACE OF DEATH (C	heck only one)				
PHYSICIAN:		Inpatient 2 ER/		DOA			5 Residence	6 Other (Specify)			
표	27. MANNER OF DEATN Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		28b. TIM INJ	E OF URY	28c. INJU WO		28d. DESCI	RIBE HOW II	NJURY OC	CURED	
BY	2 Accident S Pending Investigation				М		ES 2 NO					
	3 Suicide 8 Could not be 4 Nomicide determined	28a, PLACE OF INJ building, etc. (URY — At home 'Specify)	a, farm, s	dreet, facto	ory, office		28t. LOCATI City or	ION (Street a Town, State)	ind Number	r or Rural Ro	oute Number,
E.	Total determined											
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	I: To the best of my k	nowledge, deat	h occum	d at the ti	ma, data	and place, and du	to the cause	(s) and man	ner as sta	ted.	
COMPLETED	one) 2 MEDICAL EXAMINER: O											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					1	29c. LICENSE NU					(Montily, Day, Year)
BE	Chiles Han &	ar 1	10			1	123	51	7	D 4	+/6	-193
2	30. NAME AND AODRESS OF PERSON THO CO	MPLETED CAUSE OF	DEATH (ITEM	27) (Type.	Print)		7)1	01			1/8	10
	Andrew Garys	dn	106	150	tus.	sti	ret	El	Kfa	1	40	21921
	APR 0 7 '93	12. REGISTBAR'S S Julia Davidso	signature on-Handa	82								

shoul		tiffe
5		2
page		2
lirector,		r must
RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoult	_	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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Pell	1, 0	=
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1 - STATE REGISTRAR		STATE OF MAR		PARTMENT FIFICATE			MENTAL	HYGIEN REG. NO.	E		1100
1. DECEDENT'S NAME (Firs		ADAM BE	CK				2. DATE O MONTH 03		<u>"</u> 9	YEAR 3.	1:00 pm
4. SOCIAL SECURITY NUM 214-01-14			GE (In yrs. last birth	day) IF UNDER MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O			Country)	ACE (State or Foreign
9a. FACILITY NAME (If not i	institution, give str	eet end number)				R LOCATION OF O		10 10	9c. COU	NTY OF OEAT	тн
William F		earthcar	e Cente	г ва	sto	1			T	albot	
William F RESIDENCE OF DE 100. STATE Maryland	Talb	ot	100	10c. CITY, TOWN OR LOCATION Easton							LIMITS?
3 B Chady 11. MARITAL STATUS		errace				ZIP CODE 21601			10g. CIT		T COUNTRY?
3 Widowed 4 Div		12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	rES 2 XIO	1	f yes, spe	ENDENT OF HISPA city Cuben, Mexico 2 NO Specif	en, Puerto Ri		or No—	Black, ¥ Specify:	American Indian, thite, atc.
	CEOENT'S EOUC hy highest grade ((0-12)		(Give Idra Ille. Do N	nt's usual od od of work done OT use retired.)	during mo	N at of working	E	ectr m			tracting
John Fre	deric	k Beck				Wenoi			Surname)		
Mildred C		-				nd Number or Rural					1001
20e METHOD OF DISPOSI			20b. PLACE AND	DATE OF DISP	OSITION		DATE	20c. LO	CATION -	City or Town	, State
4 Donation 5 Other	r (Specify)		Lorrai	ne Pa	rk-	Crypt D ADDRESS OF FA	ACILITY				, MD
1 = ===	HN R	MERCE	0.3 6	N 2	ewn	am Func	eral	Home	, P .	A.	MD
If any, leading to immonause. Enter UNDERLY CAUSE (Disease or injusted events	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
PART II. Other algorific	eant condition	a contributing to dea	ith but not resul	ting in the ur	nderlyln	cause given in	n Part i.	24a. WAS AN PERFOT 1 YES 2	RMED?	C	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
Z5. WAS CASE REFERRED											
EXAMINER?	TO MEDICAL	HOSPITAL:	/Outpatient 3 □ D	OTHEI	R:	ACE OF DEATH (C	-111				
27. MANNER OF DEATH	Pending Investigation	26a. DATE OF INJ (Month, Day,)	URY 26	b. TIME OF INJURY	28c. INJ WC		_	CRIBE HOW	NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, ((Specify)	farm, street, fac	tory, offic			TION (Street r Town, State)		er or Rural Rou	ite Number,
portion unit		CIAN: To the best of my									ind manner ee stated,
E 296. SIGNATURE AND THE	Love	felle	>			29c. LICENSE NU D35259			29d. DA	TE SIGNED (A	Aonth/Day, Year)
8 Kevin J.	O'Ke	efe, M.D	., 606		man	's Lane	e, Ea	ston	. м	216	01
MAR 30 19		32. REGISTRAR'S	SIGNATURE								

1 - STATE REGISTRAR		STATE OF MARY	LAND / CE	DEPAR	TMENT	OF H	DEAT	AND I	MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (Firs	t, Middle, Last)									E OF DEATH		0.	3. TIME OF OEATH
Frances	A. Bia	nchini							MON	3/30/9	3	YEAR	5:00PM
4. SOCIAL SECURITY NUM		I	E (In yrs. last	birthday)	IF UNDER		# UNDER			E OF BIRTH nth, Day, Year)		8. BIRTH	PLACE (State or Foreign
060-036-61	00	□ M 2 🔀 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	. 11, 1	905	New	"York
9a. FACILITY NAME (# not h		•					hae l		EATH		9c. COUN		EATH
RESIDENCE OF DE	_	o btreet			Dt.	11110	- Iac I	5			Idli	JO 1	
10a. STATE	10b. COUNTY			10c. CITY	Y, TOWN	OR LOCAT	ION	-					10d. INSIDE CITY
Maryland	Talbo	t		S	t. M	li cha	els					_ 1	LIMITS?
100. STREET AND NUMBER						10f.	ZIP CODE				10g. CITIZ	EN OF W	HAT COUNTRY?
103	West Ma	rengo Stre	et				2166	3			USA		
11. MARITAL STATUS 1 Never Married 2		2. WAS DECEOENT EVER FORCES? 1 YE	IN U.S. ARM	MED						IN? (Specify Yes	or No—	14. RACE	— American Indian, , White, atc.
3 XWidowed 4 Div	1007700	FORCES? 1 YES	DATES				2 X NO			o ritomi, etc.)			w White
15. DEC	EDENT'S EOUCAT	ION	16a, DEC	EDENT'S	USUAL O	CCUPATIO	iM		10	Sb. KINO OF BUSI	NECC (INC)	ICTRV	
(Specify on Elementary/Secondary (ly highest grade cor	npleted) College (1-4 or 5+)	(Gh		vork done		st of working	g	"	DE KINO OF BUSI	NE35/INDI	JSINT	
10	· ·-/	oonege (1-4 of 5+)	Т	elep	hone	Inf	'n		J,	NY Tele	nhone	2	
17. FATHER'S NAME (First, A	fiddle, Last)			OLOD	110110		_	IER'S NA		, Middle, Maiden S			
Antho	ny Mere	ndino					UN	K					
19a. INFORMANT'S NAME (19b.	MAILING	ADDRESS	(Street ar	nd Number	or Rural I	Poute Nui	mber, City or Town,	State, Zip	Code)	21663
Valerie P	. Frist	oe	P	. 0.	Box	565	, 70	0 S.	Ta	lbot St	., S	t Mi	chaels, MD.
26a. METHOD OF DISPOSIT			Ob. PLACE Al				me of		DA	TE 20c. LOC	ATION — C	ity or To	wn, Stata
4 Donation 5 Other	r (Specify)	Ğ	ate O	f He	aven	Cen	eter	y 4	1/5/	93 Hawt	horn	e, N	ew York
21. SIGNATURE OF FUNERA	AL SERVICE LICEN	SEE					D ADDRES						21663
Darie	anto	Lorn	11	,						rd Fune			
23. PART I. Enter the d	lseases, or con	plications that cause	ed the dee	th. Do n	Dt enter	the mod	de Df dyl	ng, suci	h es ca	rdiac pr respir	atory arre	chae st.	Approximata
ahock, or h IMMEDIATE CAUSE (Fig	eart fallure. Lis	t only one cause on	each line.							•	,		Interval Between Onset and Death
disease or condition resulting in death)	→ .	CONGO	FULM	ONA	OU	1	WRE	57	_				Silest and Sealing
resulting in dealth)		DUE TO (DR AS	A CONSEO	UENCE OF	7: /								
Convention list annula	b	CONG	5770	19	HER	MET	FA	160	11				
Sequentially list condit if any, leading to imme	diate	DUE TO (OR AS	A CONSEO	JENCE OF): [*]								
cause. Enter UNDERLY CAUSE (Disease or Inju		DIASE				マラ							
that initiated events resulting in death) LAS	т	DUE TO (OR AS	A CONSECU	JENCE OF):								
	d												
PART II. Other significa	ent conditions c	ontributing to death	but not re	sulting i	n the un	derlying	cause g	lven In	Part I.	24e. WAS AN A		24b.	WERE AUTOPSY FINDINGS
						_				PERFORM		-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
										,			OF DEATH?
25. WAS CASE REFERRED T		CODITAL					ACE OF DE	EATH (Che	eck only o	one)			
1 TYES 2 NO		OSPITAL: Inpatient 2 ER/Ou	tpatient 3 (DOA	OTHER	R: Jing Home	5 X Re	sidence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE OF INJURY (Month, Day, Year)		28b. TIME		28c. INJU	JRY AT		28d. DE	SCRIBE HOW IN	JURY OCC	URED	
Natural 5 2 Accident	Pending Investigation				М	1 🗆 Y	ES 2	ND					
	Could not be determined	28a. PLACE OF INJUR building, etc. (Sp	IY — At hom ecify)	e, ferm, s	treet, fact	ory, office				CATION (Street and or Town, State)	d Number o	or Rural R	oute Number,
	Getarillina G												
		N: To the best of my kno											
2 MED	ICAL EXAMINER: C	On the beals of examinati	on and/or In	veatigation	n, In my o	pinion, de	eth occur	ed at the	time, det	le and place, and	dua to the	cause(s)	and menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	Ω					29c. LJCE	NSE NUM	IBER	_	29d. DATE	SIGNED	(Month, Day, Year)
	WSMO	mar M					1	126	35	20	>	3/3	1/73
30. NAME AND ADDRESS OF											***************************************	l.	
	EMER.			-Bo	7 3	57.	37.	m	ICH:	PELS 1	mo	21	663
APR 7 19	93 9	32. REGISTRAR'S SIG		2									



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT, if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

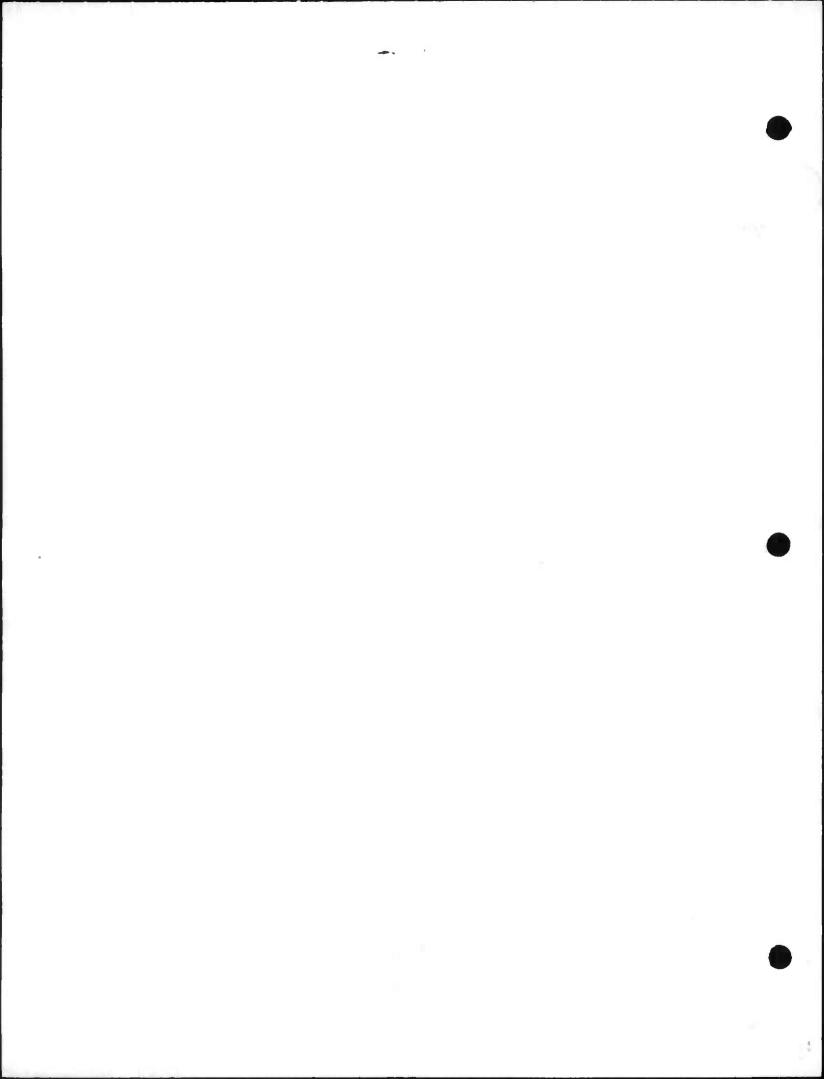
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								93 1196
	FOR 1 - STATE	STATE OF MARY	LAND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN	E	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE OF	DEATH	REG. NO		
1 3		0377 173 313	₽ SIMEO	N -o-				3. TIME OF DEATH
	ANN 4. SOCIAL SECURITY NUMBER	SYLVANI	E (In yrs. lest birthday)	IF UNDER 1 YEAR	CHULTE IF UNDER 24 HRS.	0.4 1.2 7. DATE OF BIRTH	199	
	580-08-5580 Sa. FACILITY NAME (If not institution, give str	1 M 2 XF 7	76 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) MAY 9, 19	16 V	BIRTHPLACE (State or Foreign Country) IRGIN ISLANDS
E					OR LOCATION OF DI	EATH	9c. COUNTY	
ECTOR	PHYSICIANS MEM	IORIAL HOS	PITAL.	LA PL	ATA		CHAR	LES
DIRE	MARYLAND CHAR	LES		Y, TOWN OR LOCAT RBURY	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER BOX 288 MATTAWOME	N CREEK ROA	.D		20658			OF WHAT COUNTRY? D STATES
S	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	or No.— 14.	RACE — American Indian,
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecity Cuben, Mexica 2XXNO Specifi	n, Puerto Rican, etc.)		Black, White, etc. Specify: BLACK
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of s	USUAL OCCUPATION	ON st of working	16b. KIND OF BUS	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)	Iffe. Do NOT us	se retired.)	•	DOTTO		
N N	17. FATHER'S NAME (First, Middle, Last)	INKNOWN	HOUSEV	VIFE		PRIVAT		
	PIERRE EMANUEL SIM	EON				ME (First, Middle, Meiden MORON SIM	,	
BE (19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		Route Number, City or Tow		de)
임	EVELYN BOSCHULTE							AS, V.I. 00804
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Remote 4 ☐ Donation 6 ☐ Other (Specify)		DE PLACE AND DATE			OATE 20c. LO /26/93 ST.		or Town, State
	21, SHORLA ORE OF BUNERAL SERVICE LIGE		ch.		D ADDRESS OF FA			
		TON JOHNSON					•	NKEY, MARYLAND
	23. PART I. Enter the diseases, or conshock, or heert fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	ATHONOSC,	ed the deeth. Do rech line.	COMP		h as cerdlec or respi		, Approximate interval Between Onset and Death
N	Sequentielly list conditions, b.							
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF	F):				
띪	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	ጉ :				
	resulting in death) LAST							100
I - I	PART II. Other eignificent conditione	contributing to death	had not as sulate - 1					
MEDICAL	TAIN II. Guiar organicant conditions	contributing to death	but not reeulting	n the Underlying	ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ē						1 DYES 2	□ NO	OF DEATH?
						—		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ack only one)		
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 KER/Ou	tpatient 3 DOA	OTHER:		6 Other (Specify)		-
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)		E OF 28c. INJI		28d. DESCRIBE HOW II	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUR building, etc. (Sp.	ty — At home, farm, a	street, factory, office		281. LOCATION (Street e City or Town, State)	and Number or F	Rural Route Number,
	29e. CERTIFIER 1 CERTIFYING PHYSICI	(AN: To the heat of our !	wladon doubt	d at the the		A- M-		
COMPLETED	* MEDICAL EXAMINER	IAN: To the best of my kno : On the beele of examinati	on end/or investigatio	n, in my opinion, d	end place, end due eath occured at the	to the cause(e) end men time, date end place, en	ner es stated. d due to lhe ce	suse(e) end menner ee stated.
BE	Walling The Yo	ull			O.C.M			(Month, Day, Year)
2	NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type,	Print)			0 1/	
	MARGAMPS D. KOI	200 11	1 Penn	Street,	Baltir	more, Mar	yland	21201

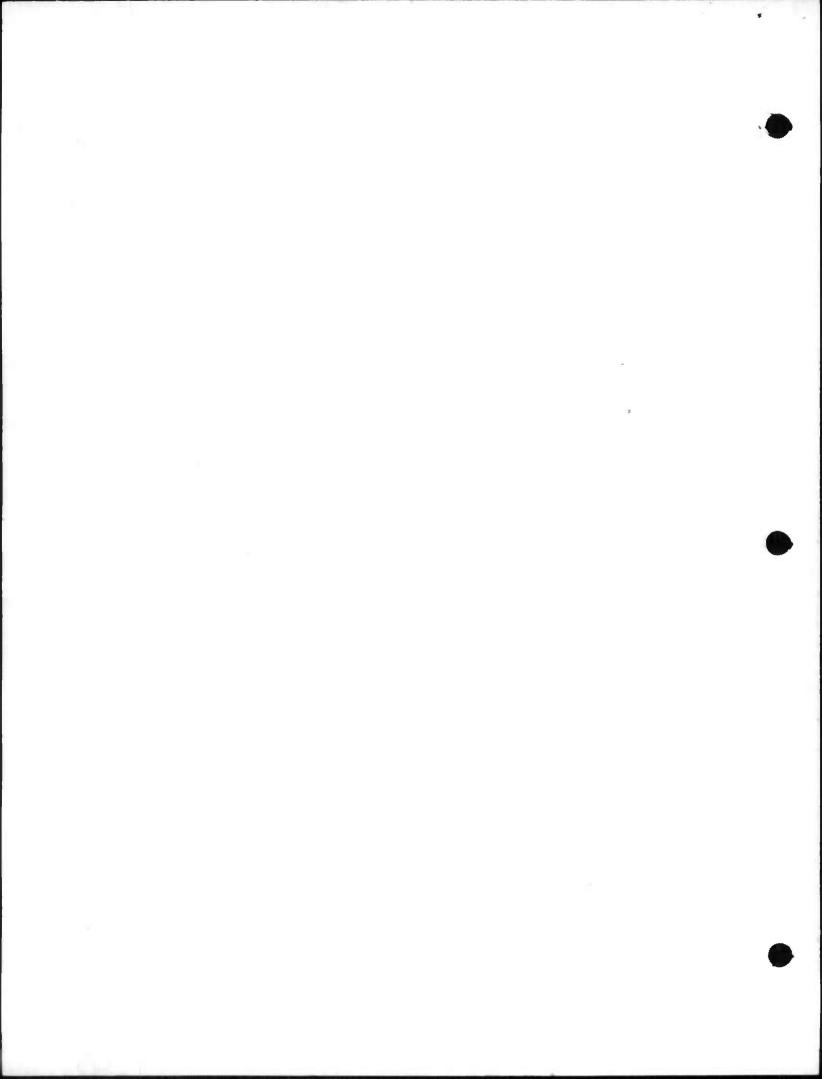
32. REGISTRAR'S SIGNATURE

Julia Davidson Rendett



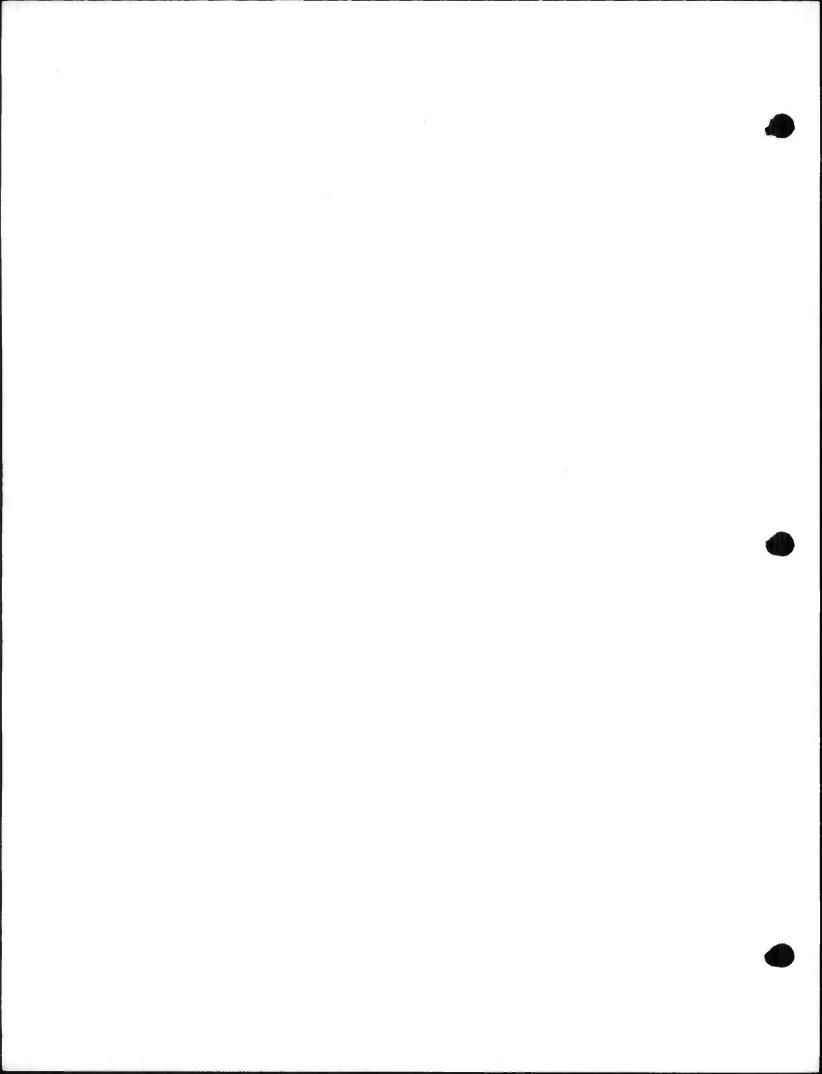
men in the roll of	be filed within 72 hours after deals with the control of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT Hitem 29 is marked as home and indicate or other transmission areas the medical areas
dan and com	or to burial, c	ann offerment
ttending prysic	al Hygiene priv	or other to
ned by the a	Ith and Men	any lating
The seem sign	Dept of Hea	22 shaws
CHATRO	KINN DES	of are Harm
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L DIMECTO	2 hours after	if Ham 29
IO INE PUNEIVA	be filed within 7	IMPORTANT:
3		

		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E	
Г		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
		OHMER C	'hildoiss	OTTMER E	יודים מכונד	CITTI DEDC	MONTH D/		EAR
		4. SOCIAL SECURITY NUMBER				CHILDERS	4 1	-	3 605PM
		234285389			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
		,	1/2 M 2 □ F	68 YRS.			8-28-3	24 1	Vest Virginia
- 1.	_	9e. FACILITY NAME (If not institution, give s	Ireet and number)	1	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
	5 I	Washington Ac	12 tetnosit	- October	TAYOR	nd Pag		YY	Tonta
	5	RESIDENCE OF DECEDENT		Jan Barrell	10.00	110 1916			TO THE STATE OF TH
	DIRECTOR	10e. STATE 10b. COUNTY	_ ^	10c. CITY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	_	. M.1.01 1	2 600		aure				1 X YES 2 NO
	4	104. STREET AND NUMBER	~ .		101	. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
- 1	FUNERAL	912 54h 3	7			2070	7		U.S.A.
- 13	5	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yee	or No.— 14	. RACE — American Indian.
		1 Never Married Married	FORCES? 1 YES		ff yes, sp	ecify Cuban, Mexica	n, Puerto Rican, etc.)		Black, White, atc.
í	В	3 Widowed 4 Divorced	120, 0.12 1211 011 0	-1123	I C TES	2 NO Specify			Specify: A h
- 1 6		15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	BUAL OCCUPATION	ON .	16b, KIND OF BUS	INFSS/INDUS	TRY
		(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give kind of wor life. Do NOT use i	rk done during mo retired.)	st of working			
	7	Grade 8	College (I-4 Of 5+)	Corport	039		Compten	- 4-2	
. Se	COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		Carpent	GT		Constru		
5 5	- 11		1.11				ME (First, Middle, Meiden	Sumame)	
B 2	ᇤ	Ottmer Everett C	nilders, Sr.			Edna Ru	The second secon		
틝	2	19e. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		
9	- 1	Lonnie Childers		1222 W:	<u>illow S</u>	treet, S	cranton, P	ennsv1	vania 18505
2		20a. METHOD OF DISPOSITION 1 ☐ Burlet 2 Ø Cremation 3 ☐ Remo		. PLACE AND DATE OF	DISPOSITION (Na				or Town, State
Ē	- 1	4 Donation 5 Other (Specify)	M Cen	etro Crematory or other	atory.	Tnc.	4/13 Cat	onsvil	le, Maryland
ě	- 1	21. SIGNATURE OF TUNERAL SERVICE LIC		/	22. NAME AN	D ADDRESS OF FAC	CILITY		ite, harytand
examiner must be notified at once	- 1	► 6/1/1/10	6/11/		Donal	dson Fun	eral Home,	P.A.	
<u>_</u>	-4	Well itt Lay	1 Kbully	A	313 T	albott A	ve. Laureĺ	, Mary	land 20707
9		23. PART I. Enter the diseases, or o	complications that cause List only one cause on e	d the death. Do not	enter the mo	de of dying, auch	as cardiac or respi	ratory arreal	
E	I	IMMEDIATE CAUSE (Final							Onset and Death
S	1	disease or condition resulting in death)	7 MA	CL CE	CC	CVNC	CANC	FR	
or other traumatic event, the medical	ı	Tooding in deadily	DUE TO (OR AS /	CONSEQUENCE OF):					
2 2	z		CHRO	dic OB	SORV	CTIV	ECHHE	10184	ASE
r other traumatic	2 ∥	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):				- //-	
E 5	§	cause. Enter UNDERLYING		Da	FUI	MONIF)		
		CAUSE (Disease or Injury that initiated events	DUE TO (OR AS /	CONSEQUENCE OF):					
	=	resulting in death) LAST	4						
0 7	3		•						
Injury,		PART II Other significant condition							
2 (PART II. Other aignificant condition	a contributing to death b	out not resulting in	the underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY MED2	24b. WERE AUTOPSY FINDINGS
E		Other argumeant condition	a contributing to death b	out not resulting in	the underlying	cause given in	PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME SW	ANIO I	agrancant condition	a contributing to death t	out not resulting in	the underlying	cause given in	PERFOR	AUTOPSY MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2	MEDICA	. Outer argumeant condition	a contributing to death t	out not resulting in	the underlying	g cause given in	PERFOR	AUTOPSY MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
23 m	MEDICA	25. WAS CASE REFERRED TO MEDICAL	a contributing to death t	ut not resulting in			PERFOR	AUTOPSY MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23 m	MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Che	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
or item 23 sha	SICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 60	HOSPITAL:	pettent 3 DOA 4	28. PL OTHER:	ACE OF DEATH (Che	PERFOR 1 YES 2 ck only one) 6 Other (Specify)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or item 23 sha	PRINCIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL DTHER: Nursing Homo OF 28c. INJI WO	ACE OF DEATH (Che	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
marked, or item 23 sha	PRINCIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 00 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Ampatient 2 ER/Outp 28e. DATE OF INJURY (Month, Dey. Year)	Datient 3 DOA 4	28. PL DTHER: Nursing Home OF 28c. INJU WO M 1 1 Y	ACE OF DEATH (Che 5	PERFOR 1 YES 2 ck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
is marked, or item 23 she	D BT PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 60 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Shortlent 2 ER/Outp 280. DATE OF INJURY	patient 3 DOA 4 28b. TIME C INJUR	28. PL DTHER: Nursing Home OF 28c. INJU WO M 1 1 Y	ACE OF DEATH (Che 5	PERFOR 1 YES 2 ck only one) 6 Other (Specify)	JURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or tlem 23 sha	ED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 60 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Shpatient 2 ER/Outp 280. DATE OF (NJURY (Month, Day, Year) 280. PLACE OF INJURY	patient 3 DOA 4 28b. TIME C INJUR	28. PL DTHER: Nursing Home OF 28c. INJU WO M 1 1 Y	ACE OF DEATH (Che 5	PERFOR 1 YES 2 ck only one) 5 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or tlem 23 sha	ED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 60 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 28e. DATE OF (NJURY (Month, Day, Year) 28e. PLACE OF INJURY building, atc. (Spec	28b. TIME C INJUR — At home, farm, stre	28. PL DTHER: Nursing Home SF Y M 1 V V N 1 V V Notes, factory, office	ACE OF DEATH (Che 5 Residence WAY AT RK7 FES 2 NO	PERFOR 1 YES 2 Ck only one) 6 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	JURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
28 is marked, or them 23 sha	ED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 60 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Spec	28b. TIME C INJUR At home, farm, stre	28. PL DTHER: Nursing Hom Nursing Hom Y M 1 V WO 1 V Net, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 Ck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State)	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Fural Route Number,
28 is marked, or them 23 sha	COMPLETED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Sheatlent 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	28b. TIME C INJUR At home, farm, stre	28. PL DTHER: Nursing Hom Nursing Hom Y M 1 V WO 1 V Net, factory, office	ACE OF DEATH (Che 5 Residence URY AT RK7 ES 2 NO and piece, and due eath occured at the	PERFOR 1 YES 2 CK only one) 5 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(a) end men-	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
28 is marked, or them 23 sha	COMPLETED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 60 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Sheatlent 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	28b. TIME C INJUR At home, farm, stre	28. PL DTHER: Nursing Hom Nursing Hom Y M 1 V WO 1 V Net, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 CK only one) 5 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(a) end men-	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Fural Route Number,
RECOMPLETED BY BLYSICIAN: M	BE COMPLETED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Shepatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know R: On the best of exemination	28b. TIME C INJUR 28b. TIME C INJUR — At home, farm, stre	28. PL PTHER: Nursing Hom World M 1 V World 1 V world set, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 CK only one) 5 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(a) end men-	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
28 is marked, or them 23 sha	BE COMPLETED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Shepatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know R: On the best of exemination	Datient 3 DOA 4 28b. TIME C INJUR — At home, farm, streinly ledge, death occurred an end/or investigation,	28. PL THER: Nursing Hom Norsing Hom SF Y M 28c. INJI WO 1	ACE OF DEATH (Che 5 Residence URY AT RK7 ES 2 NO and piece, and due eath occured at the	PERFOR 1 YES 2 CK only one) 5 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(a) end men-	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
RPORTANT: If item 28 is marked, or item 23 she	BE COMPLETED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 00 27. MANNER OF DEATH 1 Neturn 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	HOSPITAL: 1 Ampatient 2 ER/Outp 28e. DATE OF INJURY (Month, Dey. Vear) 28e. PLACE OF INJURY building, atc. (Special Control of the best of my known) R: On the best of exemination COMPLETED CAUSE OF DE	Detient 3 DOA 6 28b. TIME C INJUR At home, farm, stre 2//y) ledge, death occurred an end/or investigation, ATH (ITEM 27) (Type, Pr	28. PL PTHER: Nursing Hom World M 1 V World 1 V world set, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 2 Ck only one) 8 Other (Specify) 28d. DESCRIBE HOW IN City or Town, State) to the cause(a) end men- time, date end place, end BER	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,
RECOMPLETED BY BLYSICIAN: M	BE COMPLETED BY PHISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 OO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Shepatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the best of my know R: On the best of exemination	Detient 3 DOA 6 28b. TIME C INJUR At home, farm, stre 2//y) ledge, death occurred an end/or investigation, ATH (ITEM 27) (Type, Pr	28. PL THER: Nursing Hom Norsing Hom SF Y M 28c. INJI WO 1	ACE OF DEATH (Che 5	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street al. City or Town, State) 10 the cause(s) end menultime, date end place, end	JURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,



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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	蛋	A	1
	唐	N	44
9	I HIGH THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	a start of the county with the Chate Dank of Health and Mantel Hunjane prior to hurial premation or removal

		FOR STATE REGISTRAR		STATE OF MA	RYLAN				IEALTH AN DEATH		NTAL HYGIEN REG. NO.		93	11969
		1. DECEDENT'S NAME (First, M	5	Call	aha			E. Ca	11ahan		DATE OF DEATH	× (YEAR 23	3. TIME OF DEATH F P M
		4. SOCIAL SECURITY NUMBER 577-03-6666		5. SEX 6.	AGE (In	grs. last bin	thday) IF UN WONTH	DER 1 YEAR	IF UNDER 24 H	IRS. 7.	DATE OF BIRTH (Month, Day, Your)	27	BURTH PARTH	PLACE (State or Foreign
		9a JFACILITY NAME (If not instit	fution, give stre	# C.	SING	- LL	96. C	ITY, TOWN	OR LOCATION	OF DEATH	1	Se. goyler	V OF DE	EATH /
	DIRECTOR	RESIDENCE OF DECE	DENT	= /VUK	7/16	-/-	0c. CITY, TOW	N OB LOCA	TION			1600	7	10d. INSIDE CITY
	DIB		lontgo	mery			Olney	it on Loan						LIMITS? 1 YES 2 NO
	FUNERAL	18430 Brook	Grove	Road				10	20832			U.S		HAT COUNTRY?
		11. MARITAL STATUS		12. WAS DECEDENT I			0		CENDENT OF N		ORIGIN? (Specify Yes		4. RACE	- American Indian, White, etc.
	BY	1 Never Merried 2 Mr. 3 Widowed 4 Divorce		IF YES, GIVE WAF					2 X NO 5		course rocari, attacy		Specif	
	ETED	(Specify only h			10	(Give h	DENT'S USUAL kind of work do NOT use retire	ne durina m	ON ost of working		16b. KIND OF BUS	SINESS/INDU	STRY	77.2.2.00
		Elementary/Secondary (0-12	2)	College (1-4 or 5+)			ckeepe				Sealte	st Da	iry	
ouce	COMPL	17. FATHER'S NAME (First, Midd							300000000000000000000000000000000000000		(First, Middle, Maiden	Surname)		
8	B	Jeremiah A. 198. INFORMANT'S NAME (Type		han		19b. M	IAILING ADDR	ESS (Street	^		n Rooney to Number, City or Tow	n, State, Zip (Code)	
e noti	임	Michael T. S	Seymou	r		130) S. A	dams	Street	, Ro	ockville,	MD 2	0850)
nust b		20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (S	3 🗌 Ramon	val from State	0	other place)		•	metery, cremator			cation - c hingt		
ner n		21. SIGNATURE OF FUNERAL		HOLE	11101	Ly KC	Jou ce	22. NAME A	ND ADDRESS	OF FACIL	Twas	Funer	al H	lome
al exam		3.5	Out	20				2222 Wash	Wisco ington	nsir , DO	Ave., N 20007	W		
it, the medical		23. PART I. Enter the disc shock, or hea iMMEDIATE CAUSE (Final disease or condition resulting in death)	ert failure. L	Seps	on aec	ch lina.		tar tha m	oda of dying.	, such a	is cardiac or respi	iratory arre	st, 	Approximate interval Between Onset and Death
, or other traumatic event,	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									days			
shows any inju	: MEDICAL	PART II. Other significent	t conditions	contributing to d			_	underlylr	ng cause give	en in Pa	PERFOR	RMED?	246.	WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item 23	SICIAN	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:				IER:	LACE OF OEAT					
0	PHYS	1 YES 2 NO 27. MANNER OF CEATH		1 Inpatient 2 I	JURY		BOA 4 555 BB. TIME OF INJURY	28c. IN	ne 5 Resid		Other (Specify) 8d. DESCRIBE NOW	INJURY OCC	URED	
	ВУР	- Decident	ending veetigation			44.5	A	1 0	YES 2 N	_	- LOCATION (S)			
28	ETED		ould not be stermined	28e. PLACE OF building, et			, sarm, street,	nactory, om	50	2	SI. LOCATION (Street City or Town, State)		or Murai r	toute Number,
at ite	COMPLE	anal anal		IAN: To the best of m) and manner as stated.
=	BEC	291 SIGNATURE AND TITLE O	OF CERTIFIER		PLL	15	14.5		29c. LICENS	E NUMBI	ER	29d. DATE	SIGNED	(Month, Day, Year)
W	2	30. NAME AND ADDRESS OF	PERSON WHO			TH (ITEM 2	14N Tripo, Printi	1.0	107	<i>U</i>	76	117	-1	7,027
		31. DATE FILED (Month, Day, Ye	ear)	Pay REGISTRAN	s signA			va	re		mey	MI	<i>)</i>	~672



31. DATE FILED (Month, Day, Year)

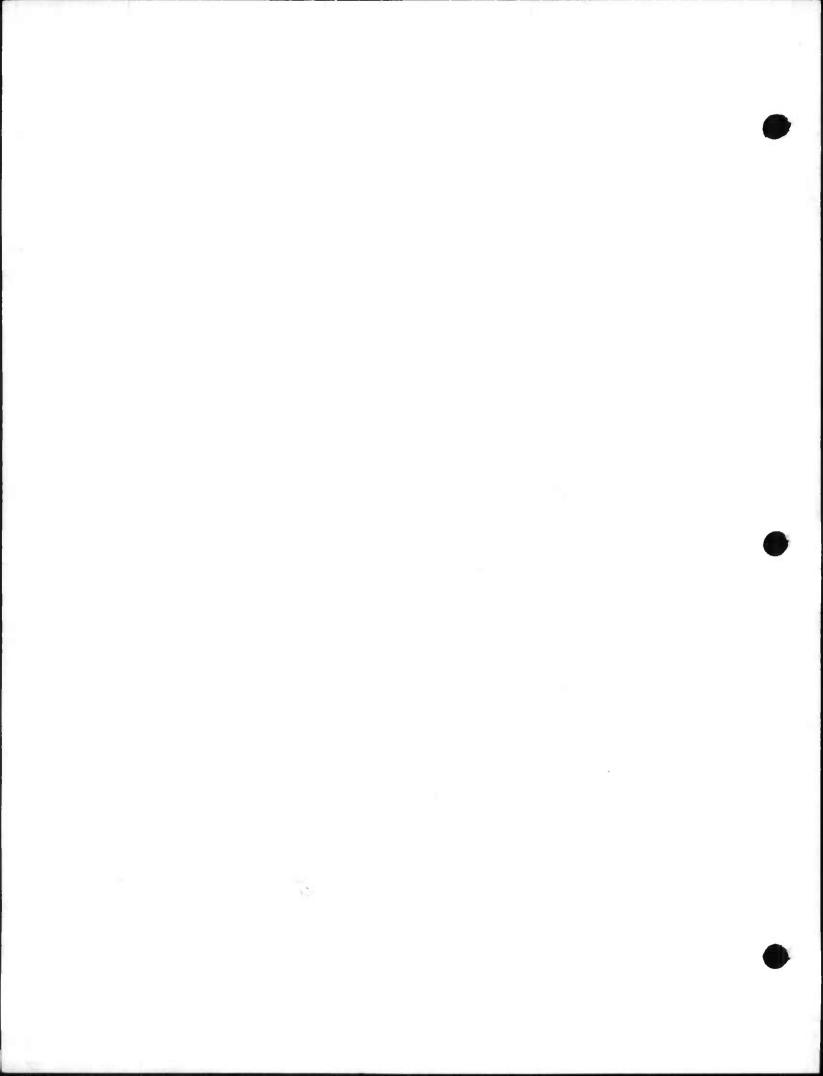
APR 1 3 1993

2/REGISTRAR'S SIGNATURE ha Davidson-Randelle

BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In the state of the asset of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE CONTRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after do THE CLAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for be filled within \$2 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

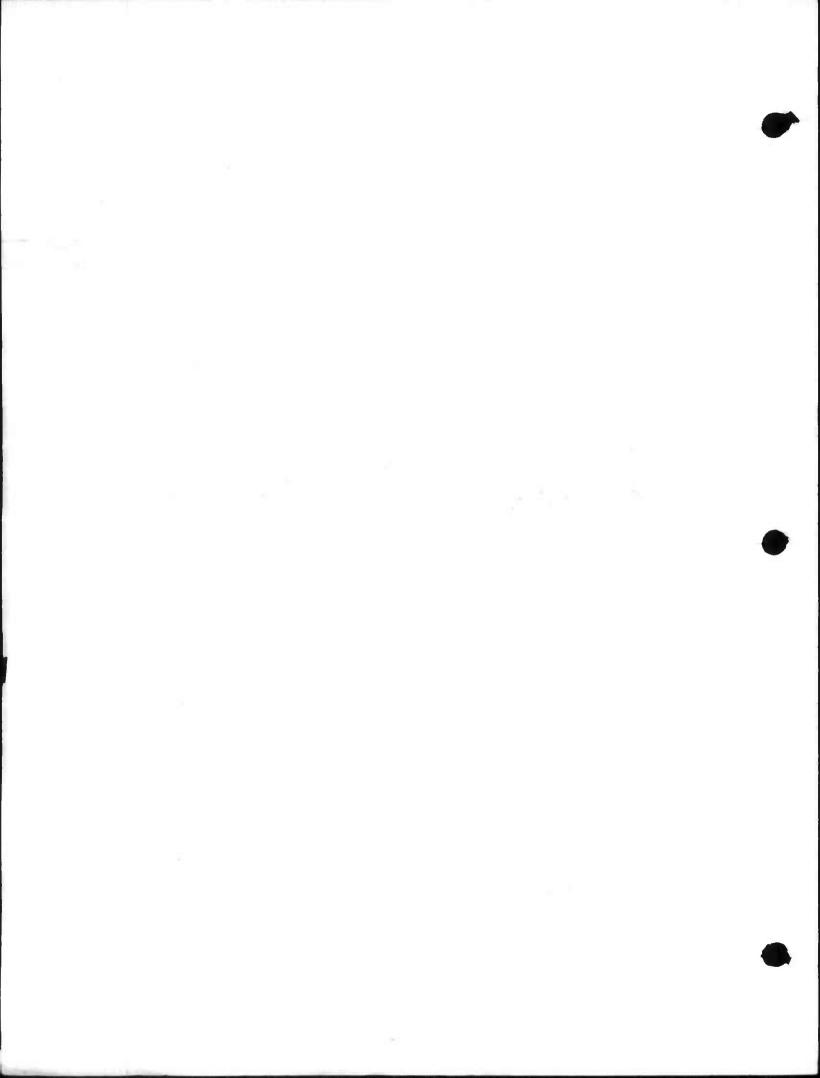
										93	11970
	FOR 1 - STATE	STATE OF MARY	YLAND / [DEPARTME	NT OF H	EALTH A	ND ME	NTAL HYGIEN	E		
	REGISTRAR		CEI	RTIFICAT	E OF	DEATH		REG. NO			
5	1. DECEDENT'S NAME (First, Middle, Last)						2.	DATE OF DEATH DATE OF	NA.	YEAR	3. TIME OF DEATH
		Evelyn 1						4 - 8			12:05 P.M.
	4. SOCIAL SECURITY NUMBER	/	GE (In yrs. last b	MONTH	DAYS	IF UNDER 24 HOURS	HRS. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTH	PLACE (State or Foreign
	577-03-6988	1 M 2 M F	86	YRS.	DAYS	HOUNS	mans.	5-10-06	6		ington, D.C.
- 9	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CI	TY, TOWN C	R LOCATION	OF DEATH	1	9c. CO	UNTY OF DE	
OH	Howard County Ge	neral Hospi	tal	C	olumb	ia			Hor	ward	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY								110	- T	
DIRECTOR		oward		Glen		ION					10d. INSIDE CITY LIMITS?
				GTEII	-0						1 TES 2 NO
FUNERAL	100. STREET AND NUMBER	* *			101	ZIP CODE					HAT COUNTRY?
ji ji	13980 Triadelphi	a Road				21737			Un:	ited	States
5	11. MARITAL STATUS	12. WAS OECEDENT EVE FORCES? 1 7	R IN U.S. ARME	ED 1	3. WAS DEC	ENDENT OF	HISPANIC (ORIGIN? (Specify Yes	or No-	14. RACE	American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF				2 X NO		verte Rican, etc.)		Specif	
	3 24 Washing 1 Divolced									Cau	casian
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECE (G/ve	EDENT'S USUAL kind of work don to NOT use retired	OCCUPATIO	N st of working		16b. KIND OF BUS		3.11	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)						Washing			
MP	12		Admi	inistra	tive	Assis	tant	Sanitar	у Со	ommis	sion
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME	(First, Middle, Meiden	Sumame)		
BE	Luther Miffleton					Lil	lian	Henderso	n		
70											
F	Richard L. Claypoole (Son) 13200 Partridge Drive Silver Spring, Md. 20904										
	20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State										
	MXBurlel 2 Cremation 3 Removal from State Consistency (reinglatory or other color) Fort Lincoln Cemetery 4-10-93 Brentwood, Maryland										
	21. SIGNATURE OF TUHERAL SERVICE LIST	ENSEE /	1	2	2. NAME AN	D ADDRESS	OF FACILI				uneral Home
	N/All N	Kunda	/ `					nines-r			
-	/muly N	March									Spr., Md.
	23. PART I. Enter the diseases, or of shock or heart failure. E	omplications that cause or list only one cause or	sed the deat reach line.	th. Do not ent	er the mo	de of dying), such a	s cardiac or respi	ratory a	rrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	2									Onset and Death
	disease or condition resulting in death)	Pme	www.	4							DOUS
		OUE TO OR A	S A CONSEQU								0
Z	Sequentially list conditions.	Cere	bear	1As cu	las	Acc	con	x			DAYS
Ħ.	if any, leading to immediate	OUE TO (OR A	S A CONSEQU	ENCE OF):							
걸	CAUSE (Disease or Injury										
ERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQU	ENCE OF):							
	resulting in death) LAST	•									
3	PART ii Other significant conditions	contributing to death	h but not res	witing in the	underlying	cause give	en in Par	t f. 24a. WAS AN	ALITOPSY	245	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PARKIN SONIS	40			and only in	Cause give		PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
	7 1144 0000			· · · · · · · · · · · · · · · · · · ·		_		1 YES 2	E-NO		OF DEATH?
Σ								-			1 TYES 2 NO
ž											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_	ОТН		ACE OF OEAT	TH (Check	only one)			
YSI	1 YES 2 100	12 Impatient 2 ER/O	Autpatient 3			5 🗆 Resid	fence 6	Other (Specify)			
표	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Yea		28b. TIME OF INJURY	28c. INJI WO		28	d. DESCRIBE HOW II	JURY O	CUREO	
B											
	1 260 PLACE OF INJURY — At home form element factors office.									oute Number,	
	4 Homicide determined							- of or rown, could)			
2	29a. CERTIFIER (Check only	IAN: To the best of my kn	owledge, death	occurred at the	time, date	and place. as	nd due to t	he cause(s) and man	ner er et	nted.	
900											and manner as stated.
× 1	2 MEDICAL EXAMINER	On the oders of samiting									
COMPLETED	2 MEDICAL EXAMINER	On the date of saming			-				***		22.41.02.02.2
BE COM	2 MEDICAL EXAMINES					29c. LICENS		R	29d. DA	TE SIGNEO	(Month, Day, Year)

by Coliner me 2004



	TO THE HOPPINAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or afti	TO THE PRESENCE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		
	the host	e detache		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	etained by	should b		otified a
î	ay be r	page 5		be n
)	ge 6 m	lirector,		r mus
	ath. Pa	uneral d		amine
	after de	by the fi	moval.	ical ex
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)	ertificat	ing phy	ygiene p	other
	death	e attend	fental H	ury, or
	that the	od by th	h and h	any In
	equires	en signe	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	hows a
1	ne law n	has be	Dept.	n 23 s
	JAN: T	rtificate	ne State	or iter
	PHYSIC	this ce	with th	rrked,
	NDING	R: After	er death	is ma
100	A ATTE	ECTO	urs afte	am 28
٩	Pile	ç	n 72 ha	F. 11 14
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s/i	2	10	be file	IMPC

	1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAI	RTMEN	T OF H	EALTH	AND	MENTA	L HYGIEN	E			•
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH	н
	Bar	bara Mann	Chandl	er					Apr:	il 11,	1993	YEAR	12:52	Рм
7	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Fon	reign
	290-16-8168	1 🗆 M 2 💢 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	Jun	e 9, 19	21	Count	_{w)} ssachuset	t+c
	9s. FACILITY NAME (If not Institution, give	street and number)			9b. CIT	r, TOWN C	R LOCATIO	ON OF DI	EATH		9c. COU	NTY OF D		LLS
OR	Suburban Hospita	al			Ве	ethes	da				Mor	tgon	nerv	
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT											- cyon	ici j	
E	7000000				ry, town		ION						10d. INSIDE CITY LIMITS?	
	Maryland Mon-	tgomery		Be	ethes								1 TYES 2 X	NU
FUNERAL	The state of the s					101	ZIP CODE				1 -		VHAT COUNTRY?	
N	6/18 Persimmon	718 Persimmon Tree Road 20817 United Sta								States				
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO		If yes, spe	city Cuba	n, Maxica	in, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACI Black	 American Indian White, atc. 	ın,
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 TYES	2 🗶 NO	Specif	y:			Speci	White	
ED	15. DECEDENT'S EDU	ICATION	16a. DE	CEDENT	USUAL O	CCUPATIO	N .		16	b. KIND OF BUS	INESS/INC	USTRY	***************************************	
H	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Utter	ive kind of Do NOT u	work done se retired.)	during mo	st of workin	g						
Ē		4		ache	r					Priva	te N	urse	ry Schoo	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden			2	
BE (Horace Mann						Win	ifre	d Do	le				
0	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Nun	ber, City or Town	n, State, Zip	Code)		
F	John H. Chandler		6	718	Pers	immo	n Tre	ee R	oad,	Bethe	sda,	Mar	yland 208	817
1	20a. METHOD OF DISPOSITION 1 Burial 2X Cremation 3 Ram	noval from State	20b.PLACE	AND DATE	OF DISPOS	SITION (No.	me of 4,	/12/	98 DAT	TE 20c. LO	CATION —	City or To	wn, Stata	
9	4 Donation 5 Other (Specify)		cemetery, cre Mont	gome							hesda	a, Ma	aryland	
8	21. SPONATURE OF FUNERAL SERVICE U	CENTIFE /			Ro	MARE AN	ADDRES	Pom	Sh'Pe	y_Funer	al H	ome/	Bethesda Avenue	1 -
	Michael	e. dlas	M	0084	6 Ch	evy	Chas	e,]	inc.	7557 v d 2081	Visco	nsin	Avenue	
	23. PART I Enter the diseases, or	complications that	caused tha de	ath. Do	not anter	tha mo	de of dyl	ng, auc	h aa car	diac pr reapi	ratory arr	est,	Approximat	ite
	ahock, or heart failure. iMMEDIATE CAUSE (Final	List only one calls	Dn each iins	1.									Interval Bat Onset and	
		a. MASSIV	e inm	A-CP	NeBI	IR	/ Yes	NA	000	HAGE			212	
	rosuling in dealing	DUE TO (C	OR AS A CONSE	DUENCE O	F):			1007		1190			2414	45
Z	Sequentially list conditions,	b. ANTENICO DUE TO (C	SCLEA	OFTO	(ere	BRO	UNT	CUL	AR DI	sest.	50	UNEN	1.
Ĕ		DUE TO (C	OR AS A CONSE	QUENCE O	F):									
5	CAUSE (Disease or Injury	c			_									
Ē	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	JUENCE O	F):									
CERTIFICATION		d												
	PART II. Other aignificant condition	na contributing to d	eath but not r	eaulting	in tha ur	deriying	cauae g	iven in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FIN	
5										PERFOR	1		AVAILABLE PRIOR TO COMPLETION OF CA	
Ä										7	4		DF DEATH?	0
ž													NA	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LICORITA					ACE DF DE	ATH (Ch	eck only o	ne)			, - , , ,	
NS.	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	aldence	6 🗆 Othe	er (Specify)				
F	27. MANNER OF DEATH	28a. DATE OF III (Month, Day		26b. TIM	IE OF	28c. INJU	RY AT	_	26d. DE	SCRIBE HOW IN	JURY OCC	URED		
BY	1 📉 Natural 5 🗌 Pending 2 🔲 Accident Investigation	NIA		_	M	1 🗌 Y	E\$ 2 [NO						
	3 Suicide 8 Could not be 4 Homicide determined	26s. PLACE OF building, st	INJURY — At ho c. (Specify)	me, farm,	atreet, fact	ory, office			26f, LOC City	CATION (Street a	nd Number	or Rural R	oute Number,	
										_	-			
릴	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI													
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of axa	mination and/or i	rrveatigatio	n, In my o	pinion, de	ath occur	d at the	time, dete	and place, and	dua to th	e cause(a	and manner as star	ited.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NSE NUN	1BER		29d. DATE	SIGNED	(Month, Day, Year)	-
TO B	77-77-	ai MD					12	47	43			/12/		
F	M. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	Print)	0		0	nec		A .			
	James A. Rossi,			_	UC	1520	0.1	1	UCM	VILL	- 6/	me	5085 5	2
	31, DATE FILED (Month, Day, Year)	R. REGISTRAR	S SIGNATURE				-				_			



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		1 - STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTA	L HYGIENE		
		1. DECEDENT'S HAME (FIF), MIDDIO, Last)	Sylvia M.	Coop	EV		MONT	OF DEATH		3. TIME OF DEATH
D		014/10/100	5. SEX 8. AGE (In yo	rs. lest birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	r 12, OF BIRTH J. Day, You) 2-6-11e	- 0	ATHPLACE (State or Foreign Montgomery
, 2, 3 should	CTOR	98. FACILITY NAME (II not institution, give strictly attsville N	lanor Nursir	ng Hm.	% CITY TOWN	ESVIIIE	EATH M		9c. COUNTY OF	Ce George
nit. Pages 1,	DIRE	" Marryland 106 chiern	nt mery	10c. CIT	Y, TOWN OR LOCAT	Takoma	. Pa:	rk		10d. HISIDE CITY LIMITS? 1 YES 2 NO
otysician. burial-transit permit. Pages	FUNERAL	1UC. REET AND NUMBER 6609		ive			1913		O'S	F WHAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	NO NO	If yes, sp	endent of HISPAI ecity Cuban, Maxica 2 NO Spect	in, Puerto	N? (Specify Yes of Rican, etc.)		ACE — American Indian, leck, White, atc.
spital or attending ned for use as the	COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 11th Grade	ATIOH ompleted) 16:	(Give kind of v	USUAL OCCUPATION of done during more retired.)	st of working	168	None	HESS/INDUSTR	Y
by the hospital d be detached for	l w l		Davis	(Dece	UNSED)	18. MOTHER'S NA	ME (First,	Middle, Meiden S Mart		
be retained ge 5 should e notified	TO B	19a. HFORMANT'S NAME (Type/Print) (MC	other)			nan Dri		ber, City or Town,	State, Zip Code,	20019
6 may stor, pa		20e. METHOD OF DISPOSITIOH 1	20b. PL	ACE AHD DATE O	F DISPOSITIOH (Ne		DAT	E 20c. LOC	ATION — City o	
death. Page tuneral direction of the funeral d		21. SIGNATURE OF FUHERAL SERVICE UCE	mande	<u></u>	Snow	den Fur	iera	1 Home	e P.A.	
certificate be executed within 24 hours all oding physician and completely filled in by hygiene prior to burial, cremation, or remire other traumatic event, the medic	ERTIFICATION	23. PART I. Enter the disease, or do ehock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF	umonia	eciency			etory arreat,	Approximate Interval Between Onset and Death
requires that the den signed by the of Health and Meithough	: MEDICAL C	PART II. Other elgnificent conditions What II. Other elgnificent conditions And II. Other elgnificent conditions	DX O Plose	- Steen	n the underlying	g ceuse given in	Part I.	24s. WAS AN A PERFORM 1 YES 2	¥ED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
The last the has ate De ate De ate De	SICIAN		HOSPITAL: 1 Inpatient 2 ER/Outpatie	, , ,	отн€я:	ACE OF OEATH (Ch				
PHYSICIA this certifi with the tked, or	РНУ	27. MANNED OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY 28c. INJ	e 5 Residence URY AT RK7 /ES 2 NO		F (Specify) SCRIBE HOW IN	JURY OCCURED	
ATTENDING CTOR: After after death	TED BY	2 Accident 3 Suicide 6 Ct Id not be 4 Homicide	28e. PLACE OF INJURY — / building, etc. (Specify)	At homa, farm, a			28f. LOC City	CATION (Street and or Town, State)	d Number or Ru	ral Route Number,
OR DIRI	COMPLE		AN: To the best of my knowledge On the besis of examination an							se(s) and manner as stated.
世世事を	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7/4m	20		29c. LICENSE NO			29d. DATE SIG	
2.22 \$	5	30. NAME AND ADDRESS OF PERSON WHAT	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print) Sc/	US SP	vive	7 /	70	2.910
		31. DATE FILED (Month, Day, Year) APR 1 4 1993	132 RECHETRAR'S SIGNATURE WAR DAVID ON - 1	REindell						

1 - FOR STATE REGISTRAR

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		SERVINGATE OF BEATTY REG. NO.
		1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY SEAR 3. TIME OF DEATH MONTH DAY 1 1 1992 5 40 M M M M M M M M M M M M M M M M M M M
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthdsy) if UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign
Pin		185-07-0658 1 1 M 2 - F 75 VRS. MONTHS DAYS HOURS MIN. (MORTH, DBY, YOR!) 18 PENNSYLVANIA
3 should	œ	90. FACILITY NAME (If not institution, give street end number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH
1, 2,	RECTO	RESIDENCE OF DECEDENT
Pages	RE	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION WHEATON UNIDE CITY LIMITS?
permit. P	0	190 MONTER SPRING. 1 YES 2 NO
. isi	FUNERAL	13/22 Valleywood DR. 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA
020 physician. burial-transit	1	11. MARITAL STATUS 1
215-0020 attending physic ise as the burial) BY	3 Wildowed 4 Strorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: WHITE
or afte	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY
N = 2		Elementary/Secondary (0-12) College (1-4 or 5 +) iths. Do NOT use retired.) 12 OWNER CAPTAL CITY ENCRAVING
AND he hospit detached once.	СОМР	12 OWNER CAPTIAL CITY ENGRAVING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
YLA by the be der	ш	WILLIAM F. COSTIGAN ELLEN MCHALE
MARYL retained by the 5 should be on the notified at	0 B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)
	F	MARY F. COSTIGAN 13122 VALLEYWOOD DRIVE, WHEATON, MD 20906
		20e. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemelen, crematory or other place) 20c. LOCATION — City or Town, State
	1	1 Lygurdal 2 Cremetton 3 Removed from State 4 Doneston 5 Other (Specify) GATE OF HEAVEN CEMETERY 4/14 SILVER SPRING, MD
SALT death. e funera al. examili		PRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901
aft of the second		23. PART I. Enler the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest,
4 hours filled in t in, or re		IMMEDIATE CAUSE (Finel
within 2 within 2 ppletely cremation cremation		disesse or condition resulting in desth)
		The Report of State o
executed executed to burial, matic e	CERTIFICATION	Sequentially list conditions, The follow as a consequence of
siciar prior	CAT	if sny, lesding to immediate cause. Enter UNDERLYING
other	TE	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSIDUENCE OF):
ath control transfer Hy	H	resulting in death) LAST
RDS, at the dea by the atl and Menta y Injury,	1 11	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS
that that any any	DICAL	PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS.
quires the signed of Health	MEDI	1 YES 2 NO
AL ME Tax been Tax been Dept. of t		
一 年 自 相 量	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIPAL: OTHER:
P P P P P	PHYS	1 YES 2 NO 1 Patient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
NG PHYS her this can marked		1 Natural 5 Pending (Month, Day, 19er) INJURY WORK?
Alle of the state	ВУ	2 Accident 2 Be. PLACE OF INJURY — Al home, farm, street, factory, office. 28f LOCATION (Street and Number or Sure) Rouge Number.
20 日本日本	ETED	3 Success 8 Could not be 4 Homicide determined building, etc. (Specify) Street, rectory, office 291. LOCATION (Street and Number or Hural Route Number, City or Town, Stete)
A DIA	COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the ilme, date end place, and due to the cause(s) end manner se stated.
	Š	one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.
TO THE HOSPI TO THE FUNES DE filed within	BE (29c. LICENSE NUMBER 29d. DATE SIGNED (Month). Day, Year)
E 5 8 €	0	30. NAME, AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
511		Lea Toldher The Man State of Death (ITEM 27) (Type, Print)
1+1		31. DATE FILED (Moint, Day, Year) 32. REGISTRAR'S SIGNATURE 100
		APR 1 4 1993 APR 1 4 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTI			MENTAL	HYGIENI REG. NO.	E)	0 119
1, DECEDENT'S NAME (First, Middle, Last) ADA	GREENFIELD	COLEM	AN		2. DAYE OF MONTH April	DAY	19	IAR.	1:38 P ■
4. SOCIAL SECURITY NUMBER 579 10 5222	1 🗆 M 2 😾 F	75 YRS. M	F UNDER 1 YEAR DRITHS DAYS	of UNDER 24 HHS. HOURS MIN.	Oct	Day, Year)	1917	County) Vashi	ce ston or foreign ington, D. C
MERCY HOSPITAL				OR LOCATION OF DE LTIMORE	ATH		BA	LTIM(
10a, STATE 10b, COUN	TY		nown on Loca hingto	n, D.C.					LINSIDE CITY LIMITS7 YES 2 NO
104. STREET AND NUMBER 5025 - 3rd.	Street, N.W.		10	20011					States
11. MARITAL STATUS 1 Never Merried 2 X Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 (29NO	If yes, s	CENDENT OF HISPAR secify Cuben, Maxica is 2 X NO Specify	n, Puerto Ric		or No- 14	RACE — Black, Wi Specify	American Indian, hite, etc. Black
15. DECEDENT'S ED (Specify only highest grac Elementery/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor Ms. Do NOT use r	k done during m retired.)	ON cet of working		DIRECTOR	INESS/INDUS		
1.Z. FAYHER'S NAME (First, Mickin, Last)	4	Superv	isor	18. MOTHER'S NA	ME (First, Mic	Scho, Maiden		nent	
Eugene G	reenfield	19b. MAILING A	DORESS /Street	and Number or Rurel		Pink		del	
Harry Edward Co	1eman			.,N.W.,Wa					Ĺ
20s. METHOD OF DISPOSITION 1 ← Burial 2 □ Cramation 3 □ Bel 4 □ Donation 5 ☑ Other (Spenty)	inoval from State	PLACE OF DISPOSIT		eaven Cen	neterv		carron - cm		
21. SIGNATURE OF FUNERAL SERVICE I	· 641	eth	McG	uire Fune Georgia	eral S				20012
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease) or condition	. List only one cause on e		t enter the m			-			Approximate Interval Between Onset and Death
resulting in death)		CONSEQUENCE OF):	CIOH						10 min.
Sequentially list conditions, if any, leading to immediate		Atherosc	lerosi	9					2 years
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
PART II. Other significant condition. Insulin Depende			the underlyl	ng cause given in		PERFOR	RMED?	AM CO OF	TRE AUTOPSY PRIORINGS ALLABLE PRIOR TO IMPLETION OF CAUSE DEATHY
25. WAS CASE REFERRED TO MEDICAL			26.1	PLACE OF DEATH (C)	sack anty one				
EXAMINER? 1 □XYES 2 □ NO	HOSPITAL: 1 Dispetient 2 XER/Out		OTHER:	me 5 🗆 Residence		200			
27. MANNER OF DEATH 1 1 Natural 5 Pending 2 Accident Investigation	urel 5 Pending (Month, Osy, Year) MJURY WORK? M 1 YES 2 NO								
3 Suicide 6 Could not b 4 Homicide determined	a 26s. PLACE OF HUURY building, etc. (Spe-	— At boma, fame, str ofy)	set, factory, off	ice		TION (Street Rown, State)	and Number or	Runii Ruu	e Number;
france and	PERCIAN: To the best of my know NER: On the basis of examination								nd menner as stated.
29h. GIGNATURE AND THE OF CERTIF	1 ane	1		29st LICENSE NU D04889			7.1		onth, Day, Ward
Dennis J. Hand				Ste.#109.	Wash	ineto	n.D.C	2000)8

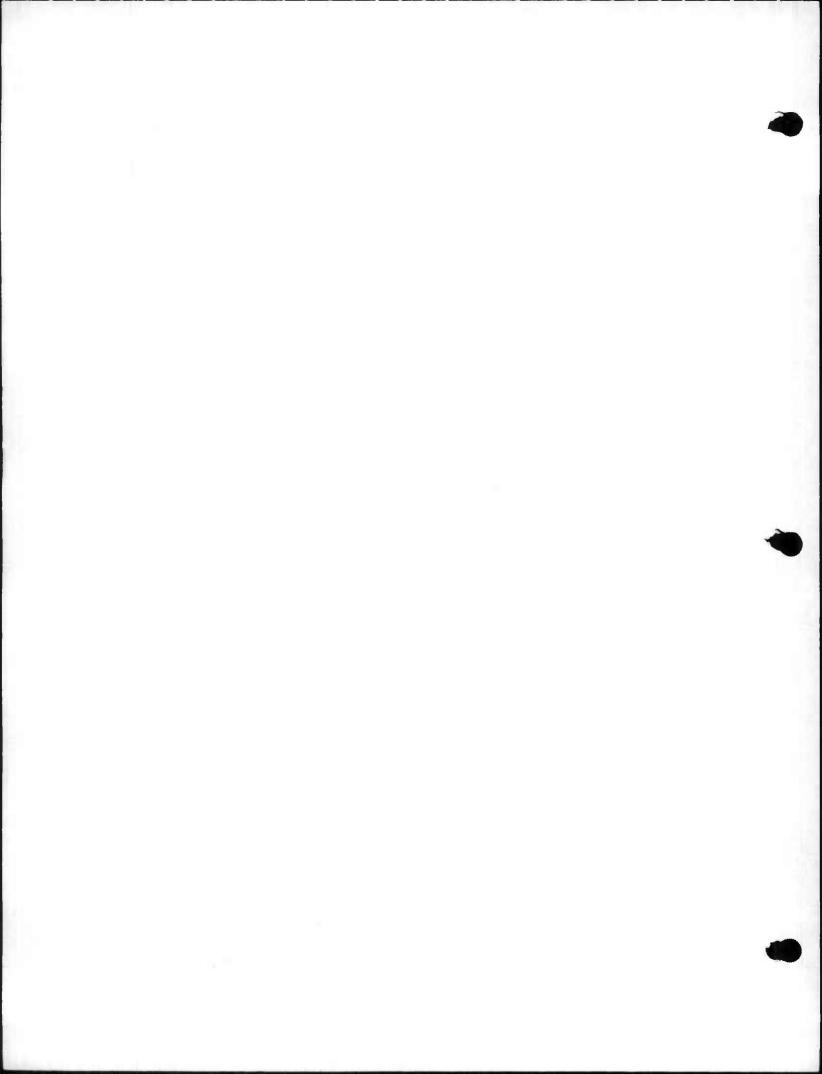
THE ELMERAL DRIGHOR. After this certificate has been signed by the attending shylican and completely think in by the hiners directly, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should write 72 hours, after death with the State Dept. of Health and Mental Hydrens prior to burial, cremating. The permoval. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, ABJACION ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

urs after death. Page 6 may be intained by the houpital or attending physician. BALTIMORE, MARYLAND 21203-3146

odical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR



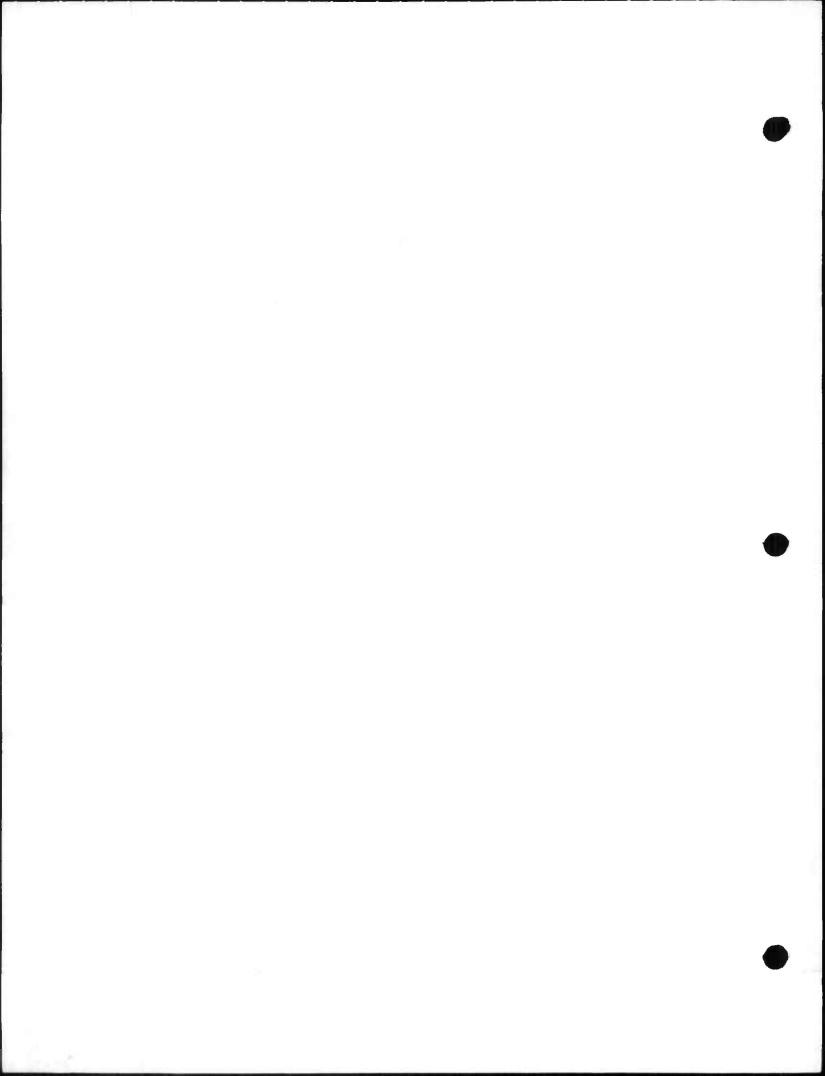
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	t permit. Pages 1, 2, 3 should	
hospital or attending physician.	stached for use as the burial-trans	nce.
G PHYSICIAN: The law requires that the death certificate be executed within 24-frours after death. Page 6 may be retained by the hospital or attenting physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should with the State Deor, of Health and Mental Hydlene prior to burlat cremation, or removal.	'xed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
executed within 24 hours after de	in and completely filled in by the fu- to burial, cremation, or removal.	umatic event, the medical ex
equires that the death certificate by	certificate has been signed by the attending physician and completely filled in by the three Deats of Health and Mental Hydlene prior to build, cremation, or removal.	hows any injury, or other tra
ATTENDING PHYSICIAN: The law n	CTOR: After this certificate has be- s after death with the State Dept. (28 Is marked, or Item 23 s
TO THE WORMTAL OR	TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with	IMPORTANT: If Item

								93	11975	
	1 - STATE OF MAR REGISTRAR			TMENT OF H		MENTAL HYGIEN			× 5	
1)	1. DECEDENT'S NAME (First, Middle, Last) Edna E Conklin					2. DATE OF DEATH	MY		3. TIME OF DEATH	
	Land I CONCINI					04 O		3 YEAR	9:44pm M	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. A	GE (In yrs. lest b	irthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
- 1	226-66-5216 1 □ M 2 🗓 F	87	YRS.	MONTHS DAYS	HOURS MIN.	May 19, 1	905	St.	Louis, MO	
-M	So. FACILITY NAME (If not institution, give street end number) Montgomery General Hospit		9b. CITY, TOWN OR LOCATION OF DI				9c. CO	INTY OF DEATH		
0	RESIDENCE OF DECEDENT			Olney			MOI	ntgom	ery	
DIRECTOR	10a. STATE 10b. COUNTY	T.	10c. CITY	. TOWN OR LOCAT	ION				10d. INSIDE CITY	
E	Maryland Montgomery		64	lver Spr	dno				LIMITS?	
-	10a. STREET AND NUMBER		31		ZIP CODE		100 0	TIZEN OF Y	WHAT COUNTRY?	
FUNERAL	3603 Liverpool Place				0906				WILL COURTE	
Ž	11. MARITAL STATUS 12. WAS DECEDENT EVE	FR IN U.S. ARME	· D			NIC ORIGIN? (Specify Ye		S.A.	E. American Indian	
	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR O	ES 2 X NO		If yes, spe	city Cuban, Mexica	in, Puerto Rican, etc.)	• Or 140—	Black	E — American Indian, k, White, etc.	
B	3 Wildowed 4 Divorced	H DATES		I U YES	2 NO Specif	γ:		Speci	White	
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			USUAL OCCUPATIO		16b. KIND OF BU	SINESS/II	IDUSTRY		
E	Elementary/Secondary (0-12) College (1-4 or 5 +)	Me. Do	NOT us	rork done during mos e retired.)	t of working					
절	12	Hous	sewi	fe		Own H	ome			
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider				
BEC	John Burnheart				I	Hulda Schr	oede	r Hac	ker	
	19a. INFORMANT'S NAME (Type/Print)	19b. A	MAILING	ADDRESS (Street at		Route Number, City or Tov				
임	Lt. Col. Harry I. Conklin					Silver SPr			20906	
	20a. METHOD OF DISPOSITION	20b. PLACE ANI	DOATEC	E DISPOSITION (Na	ne of	DATE 20c 10	CATION -	- City or To	num State	
	1X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Arling	tory or of	Nationa	1 Cem.	4-13 Ar	lino	ton.	VΔ	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		,	22. NAME AN	D ADDRESS OF FA	CILITY		con,	711	
	· / D / /					S SONS, I				
	les Tintrection			5130 W	isc. Ave	e., NW Wa	shin	gton,	DC 20016	
	23. PART I. Enter the diseases, or complications that cau shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)	stee	2	hock	se of dying, suc	h as cardiac or resp	iratory a	rrest,	Approximate interval Between Onset and Death	
SERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
ادّ	PART II. Other significant conditions contributing to deat	h but not res	ulting i	n the underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS	
EDICAL	HISTON - Colon	Can	ce	1		PERFO	1/		MAILABLE PRIOR TO COMPLETION OF CAUSE	
밀	Polate Ville	ral	8	Meln	B				OF DEATH?	
Σ.			70	17 Con	· >,	- /	,	ı	1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		- ()	26 PI	ACE OF DEATH (Ch	eck only one)				
S	EXAMINER? 1 YES 2 NO 1 Impellent 2 ER/O	D. d. all a	204	OTHER:		Carter C				
PHY	27. MANNER OF DEATH 28s. DATE OF INJUI		28b. TIME			8 Other (Specify) 28d. DESCRIBE HOW	IN HIRT O	CCHBED		
	1 Netural 5 Pending (Month, Day, Yes		INJ	URY WO	ES 2 NO	200. DESCRIBE NOW		CCORED		
M Accident investigation 28a PLACE OF IN MICH. At home farm street feature of the								er or Bural 6	Bouds Mumber	
	4 Homicide determined building, etc. (3	Specify)				City or Yown, State)	or or more r	route rearrow,	
9	29a. CERTIFIER									
COMPLET	(Check only one) CERTIFYING PHYSICIAN: To the best of my king one) MEDICAL EXAMINET: On the basic of examination) and menner as stated.	
B	296. AND TITLE OF CERTIFIER (M)				29c. LICENSE NUI				(Morith, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 2	17) (Type,	Print) 1/20/6	65	VHA A	20	Lis	20902	

32. RECISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
APR 13 93



DHMH-18 Rev 1/89

TO THE HOS TO NOT VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOS TO MATERIALS PHYSICIAN: The law requires that the death certificate be executed within 24 cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETRAL CHARGE HOS A PROPERTY IN THE MAIN AND MAIN HOSPITAL STATE DEPT. OF Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN				IEALTH AN DEATH	ID MEN	ITAL HYGIEN		23	113/6	
	1. DECEDENT'S NAME (First,	Middle, Last)								DATE OF DEATH			3. TIME OF DEATH	
- 1	Robert		Lee		C	arru	th			04 03	AY 1	993	0800	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In)	yrs. last birthday		R 1 YEAR	IF UNDER 24 H	RS. 7. E	ATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
	579-46-3056		1 🖫 M 2 🗆 F		55 YRS.	YRS. MONTHE DAYS HOURS MIN.				Month, Day, Year)		Count	ry)	
- 1	9a. FACILITY NAME (If not ins	titution, give s	treet and number)))	9b. CIT	Y. TOWN	OR LOCATION O		NE 17, 19		JNTY OF D	AHOMA	
10000	Sotterly R	d (N	of Pi	nto I	or.			boows			St.		arv's	
	10a. STATE	10b. COUNTY			_	ITY, TOWN	OR LOCA	TION					10d. INSIDE CITY	
	MARYLAND	ST	MARY'S		ц	OLLYWC	M						LIMITS?	
- 1	10e. STREET AND NUMBER	01.	IZZKI O		11	OLIVIW		I. ZIP CODE			I 100 CH	TIZEN OF 1	1 YES 2 NO	
	RT. 3, BOX 546													
	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN II	S ADMED	12	Was ner	20636				TED S		
- 4	1 Never Married 2 🔯 I	Married	FORCES? 1	X YES	2 NO		If yes, sp	ecify Cuban, Me	exican, Pu	RIGIN? (Specify Ye erto Rican, etc.)	s or No-	14. RACI Blac	E — American Indien, k, White, atc.	
	3 Widowed 4 Divon		IF YES, GIVE W		ES		1 YES	2 NO S	pecify:			Spec	•	
	15. DECE	DENT'S EDU			Ba. DECEDENT	e Hellal C	CCUDATI	201	-	441 VAID OF DI		_	ITE	
	(Specify only	highest grade	completed)		(Give kind o	f work done	during mo	est of working	- 1	16b. KIND OF BU	SINESS/IN	DUSTRY		
1	Elementary/Secondary (0-	12)	College (1-4 or 5	·)					- 1	1.200				
1	17. FATHER'S NAME (First, Mid	efette (= lea)			DRY	WALL M	IECHAN			CONSTR		N		
١								16. MOTHER'S	S NAME (F	irst, Middle, Maiden	Sumeme)			
١	WARREN EUGENE (CLEMENTS				
ı	19s. INFORMANT'S NAME (7)				19b. MAJLIN	G ADDRES	S (Street a	and Number or R	ural Route	Number, City or Tow	n, State, Zi	ip Code)		
ł	MARGARET ANN CA				RT. 3	, BOX	546,	HOLLYWOO	D, MAR	YLAND	20636			
	20g, METHOD OF DISPOSITION 1 Burlal 2 Cremation	ON Bame	numl from State		LACE AND DATE			ime of		DATE 20c. LC	CATION -	City or To	own, Stata	
ı	4 Donation Other	Specify)		FOR	T LINCO	LN CEM	ETERY	7	4/8	/93 BRE	NTLIOO	р мая	RYLAND	
1	21. SIGNATURE SERVICE PLANT	SMINICE HIS	SASEE /	1		22.	NAME A	ND ADDRESS O	F FACILITY		LY LWOO	D. 11/1		
-	gerna/	VIZ	FIELD, JR.	γ			BRINS	FIELD FU	NERAL	HOME				
	disease or condition resulting in desth) But TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):													
	PART II. Other significan		s contributing to	death but	not resulting	in the u	nderivla	Course giver	in Part	l. 24s. WAS AN	ALITONOV	Lau	WERE AUTOPSY FINDINGS	
										PERFOR		240	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
-	25. WAS CASE REFERRED TO	MEDICAL				_	26.04	ACE OF DEATH	(Observe					
	EXAMINER?		HOSPITAL:	1		ОТНЕ	B.	ACE OF DEATH			_	_		
	27. MANNER OF DEATH		1 Inpatient 2							Other (Specify)			9	
J	1 Netural 5 P	endina	28a. DATE OF (Month, Di	ey, Year)	11.0	JURY		RK?		DESCRIBE HOW I	NJURY OC	CURED		
1	2 Accident In	vestigation	04 02	the state of the	J	50 ^M		ES 2 XND	- P -				oole impa	
		ould not be	28e. PLACE Of building,	F INJURY — etc. (Specify)	At home, farm,	street, fac	tory, offic		261.	LOCATION (Street of City or Town, State)	and Numbe	r or Rural F	Route Number,	
	- I Homelow Of			n st	reet						Rd.	(N)	of Pinto	
	29e. CERTIFIER (Check only one) 1 CERTIF	FYING PHYSIC	CIAN: To the best of	my knowledg	ge, death occur nd/or investigat	red at the t	time, date	end place, and	due to the	cause(s) and mar	ner as ata	ited.) and manner as stated.	
	296. BIGHATURE AND TITLETO		-	(- 1									
Į	/XVVV	= 7	Dolla	- 7	M	-		O.C	. M . F		▶ 0	4 0.4	1993	
	MARIO F	6101	UE, JR	MO			Str	eet	Bal+	imore	Ma	rvla	and 2120	
	31. DATE FILED (Month, 1)	7 '02	32. REGISTRA	R'S SIGNATU	ME Randa					-		7		

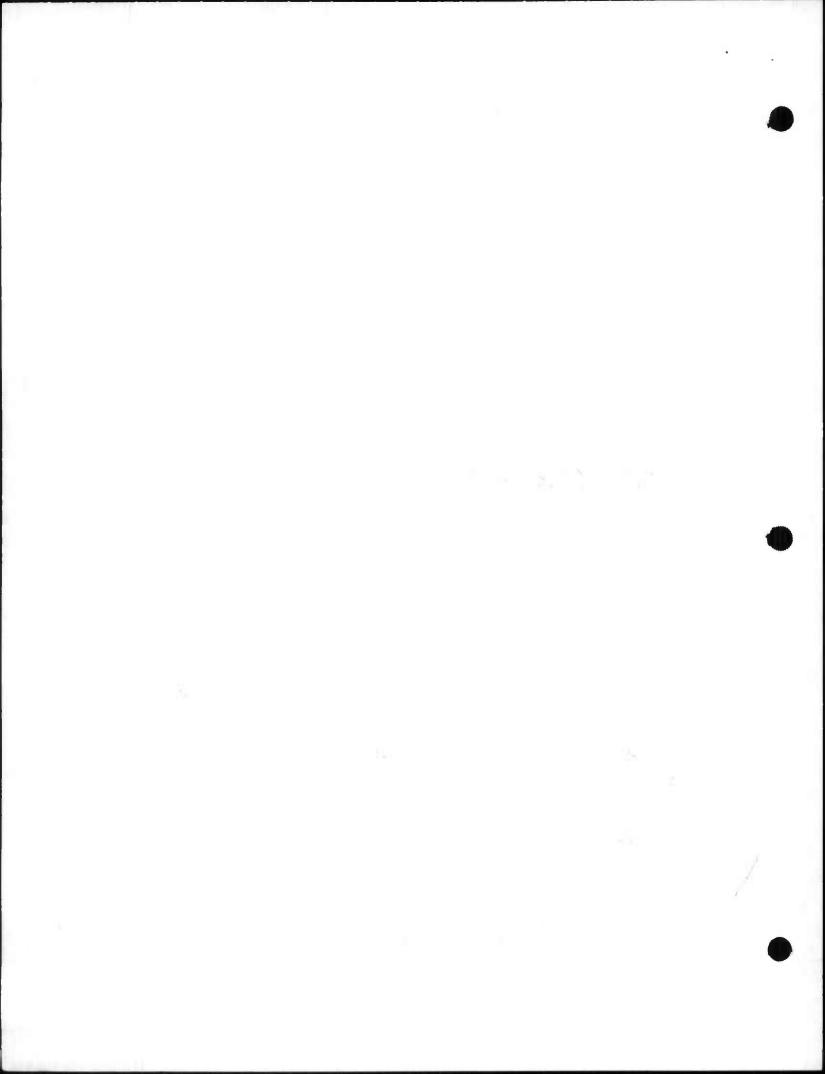
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should tith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ne medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the five within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

-	TIEGISTINATI			CENTIF	ICAL	UF	DEAL	П	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
9	DONNIE MAR COST	TD.							MONTH	DA		YEAR	- June St. Statili
	BONNIE MAE COOPE								FEBRUARY 24 1			993	3:32 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	last birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF		E1	8. BIRTH	PLACE (State or Foreign
	220 20 0020	1 M 2 G F	0.5	YRS.	MONTHS	MONTHS DAYS HOURS MIN. (Month, Day, Year) Country)					v)		
- 1	220-38-0829	X	85			MARCH 1, 1907 NORTH CA							
	9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	EATH			NTY OF D	
E	ST. MARY'S NURSI	NC CENTER	D		TEA						11.10		
13	RESIDENCE OF DECEDENT	MG OFMIE	IV.		ГГЕ()	LEONARDTOWN ST. MARY'					Y'S		
DIRECTOR	10a. STATE 10b. COUNTY			10c CIT	Y, TOWN O	RIOCAT	ION						and minime over
E					.,	LUCHI						i	10d. INSIDE CITY LIMITS?
	MARYLAND ST. M	ARY'S		LEC	NARD	TOWN	I					ľ	1 F YES 2 NO
7	10a. STREET AND NUMBER					-	ZIP CODE				10a. CIT	IZEN OF W	HAT COUNTRY?
3	CERTAIN TOTAL												
FUNERAL	CEDAR LANE APART						2065				UNI	TED	STATES
5 1	11. MARITAL STATUS	12. WAS DECEDEN			13. 1	MAS DEC	ENDENT O	F HISPAN	NC ORIGIN? (S	pecify Yes	or No-		American Indian, , White, etc.
	1 Never Married 2 Merried	IF YES, GIVE V	YES 2	Мио			2 X NO		n, Puello Rice	n, etc.)			
B	3 🔀 Widowed 4 🗌 Divorced		AIT OIT DATES			1 163	Z M NO	Specin	Y:			Speci	
	15. DECEDENT'S EDUC	ATION	Ι									WHI	TE
COMPLETED	(Specify only highest grade		16a.	(Give kind of	work done o	SCUPATIO Juring mos	IN st of working	a	16b. KI	D OF BUS	INESS/INC	DUSTRY	
щ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	e retired.)			-	- 1				
₫	9		H	OME MA	KER								
≥	17. FATHER'S NAME (First, Middle, Last)		111	OVER ITU									
2							18. MOTH	ER'S NA	ME (First, Midd	le, Maiden	Surname)		
BE	MARVIN WEAVER						NEL	LIE	ROBERT	rs			
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a			Route Number, (State 75	Code	
2													
	HARRY L. COOPER			/85 WA	LNUT	CIF	RCLE,	ME(CHANIC	SVILI	E, N	1D 20	659
- 1	200. METHOD OF DISPOSITION	Section and		CE AND DATE		TION (Na	me of		DATE	20c, LO	CATION —	City or To	wn, State
	1 XBuriel 2 Cremation 3 Remo	over from State		Crematory or o		TONA	T		2/27				This ex
- 1	21. SIGNATURE OF INERAL SEPTICENTE	culico 1	WASH.	INGTON					2/27	20T	1 LAN	υ, M	ARYLAND
- 1	7-11/00-11	mAn	X				D ADDRES			1102	112		
	EDWARD N. BR			****					UNERAI				
_		INSFIELD				59 N	ORTH	WAS	HINGTO	N SI	REET	, LE	ONARDTOWN, MI
	shock, or heart failure. List only one cause on each line.										Approximata Interval Between Onset and Death		
H	reeding in death)	DUE TO	(OR AS A COM	SEQUENCE OF	FI:		~ 2,	- /	-				
		310	A		. C	. 0 -	Λ	2.5	Doint	_			i
8	Sequentially list conditions,	?! Y	Cerel	NO V	W C	Ma	<u> </u>	-cui	2004				
CERTIFICATION	If any, leading to immediate												
3 1	CAUSE (Disease or injury	70	24 00	HAY 6	100	d							
區川	that initiated events	DUE TO	HOO A PA HO)	SEQUENCE OF	7:								1
E II	reaulting in death) LAST		- W	1									
	PART ii. Other algolificant conditions	enntribution to	doub but -	d manufales	In 46	deal 1		lare e de	5 I				1
EDICAL	Condition	- continuating to	GABIL DRI UC	r resulting i	in the un	uariying	cause g	iven in	Part I. 244	PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
용내									11	YES 2		1	COMPLETION OF CAUSE
									''	4	1		OF DEATH?
Σ									_				1 TES 2 NO
ž I													
Қ ∥	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Chi	ck only one)				
띯	EXAMINER?	HOSPITAL:	ED/Outer-ed	A 🗆 ea. T	OTHER	l:					-		
<u>≚</u> ∥		1 Inpatient 2			-			idence	6 Other (Sp				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	E OF URY	28c. INJU			28d. DESCRI	BE HOW IN	JURY OC	CURED	
	1 Netural 5 Pending	,, 2			M	1 🗌 Y		NO					
B	2 Outside	28a, PI ACE O	F INJURY — At	home form	droot fort				004 1 0045	h1 (fb)			
	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	nome, term, I	RIVER, TECTO	ny, omice			261. LOCATIO City or To	N (Street e. wn, State)	nd Number	or Rural R	oute Number,
E II	Catermined												
COMPLETED	290. CERTIFIER , CERTIFYING BUYEN	MAN. To the hour of	en lane 4 4	de sile	4								
웃Ⅱ	(Check only one)												
5 II		t: On the basie of e	camination end/	or investigation	n, in my of	pinion, de	eth occure	d at the	time, data end	place, end	due to th	e cause(e)	end manner es stated.
	MEDICAL EXAMINER						20- 110-	upp succ					
						1	29c. LICEI	NOE NUM	IDEN	- 1	29d, DAT	RIGHED	
шШ	29b. SIGNATUPE AND TITLE OF CERTIFIER		1///	-		- 1						PIONED	(Month, Day, Year)
ᇤ		8.	1///	(D334	470			12	125	93
ᇤ		13.	MOF DEATH O	TEN 27) (1/pm.	Prints		D334	470			▶2	25	193
ᇤ	391. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAN	100								▶2	25	193
TO BE C	30. NAME AND ADDRESS OF PERSON WHO BHASKER JHAVERT	COMPLETED CAN	ANTI CE	ENTER.		NARD			RYLAND	206	▶2	25	Month, Day, Year)
ᇤ	30. NAME AND ADDRESS OF PERSON WHO BHASKER JHAVERT 1 31. DATE FILED (Month, Day, Year)	COMPLETED CAN	ANTI CE	ENTER.		NARD			RYLAND	206	▶2	25	Monin, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO BHASKER JHAVERT	COMPLETED CAN	ANTI CE	ENTER.		NARD			RYLAND	206	▶2	25	(Monin, Day, Year)



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X	De se
. B	rtificate
٩.	es es
S,	e dea
ORE	that th
REC	requires
LAL	The law
OF VIT	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 6876	STAIL OH ATTENDING PHYSICIAN: The law requires that the death certificate be executed to
Q	Hospital B
-	×.

		REGISTRAR		CERTIFIC	CATE OF	F DEATH	REG. N	IO.		
	1	1. DECEDENT'S NAME (Filet, Middle, Last) Fran	klin /	1/0 m	ont	-	2. DATE OF DEATH	3 Q	S. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	× /.	BIRTHPLACE (State or Foreign Country)	
3 should		218-26-7948 Se. FACILITY NAME (If not institution, give s	1 M 2 F	63 YRS.		OR LOCATION OF D	Aug. 7,	1929	Maryland	
2, 3 sh	СТОВ	St MARUS	HOSPI	tal	Kear	rarat	own MG	137	MANUS	
Pages 1,	DIREC	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY	
permit. P		Maryland St.	Mary's	Le		n Park			1 TYES 2 TO NO	
	ERAL	458 Great Mills	Road			20653		U.S	N OF WHAT COUNTRY?	
ing physician. the burial-transit	FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1. YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO	13. WAS OF	ECENDENT OF HISPAI	NIC ORIGIN? (Specify in, Puerto Rican, etc.)		t. RACE — American Indian, Black, White, etc.	
attending p	D BY	3 Widowed 4 Divorced	1951 - 195		1 0 46	E\$ 2 ⊠ NO Specif);:		White	
9 5	EFE	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wor ille. Do NOT use	SUAL OCCUPAT rk done during ri retired.)	TION most of working	16b. KIND OF E	BUSINESS/INDU	STRY	
the hospital detached fo	COMPL	10th Grade		Mecha	nic		Aut			
5 8 %	8	17. FATHER'S NAME (First, Middle, Last) Charles	Reginald	Cleme	nts	Lillia	ME (First, Middle, Maid	en Surname)	Russell	
5 should	0 B	19a. INFORMANT'S NAME (Type/Print) Catherine M. Clem	onta				Route Number, City or 1			
be page		20a. METHOD OF DISPOSITION	201	. PLACE AND DATE OF	DISPOSITION /	Name of	OATE 20c.		, Md. 20653	
a recti		1 Serial 2 Cremation 3 Rem	Y	netery, crematory or othe d. vetera				neltenh	am, Maryland	
death. Pag b funeral di d. examiner		21. SIGNATURE OF FUNERAL SERVICE LIK	La D-		Matt		ardiner Fu		Home, P.A.	
d in by the or removal.	\vdash	23. PART II Enter the diseases, or o	complications that cause	d the death. Do not			Leonardt			
illed in n, or n		shock, or heart failure. iMMEDIATE CAUSE (Final	List only one cause on a	ach line.					Interval Between Onset and Death	
ompletely for cremation		disease or condition resulting in death) a. Septicem is out to (or as a conscouence of):								
8 5 8	N	Sequentially list conditions,	metas fait	ic Sua		& Caron	ima hu	m (
or to	CATIC	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS /	A CONSEQUENCE OF):				<		
certificate ding physi tygiene pri r other ti	RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):						
death atten	뜅	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDING								
and and	EDICAL	PART II. Other aignificent condition	ng ceuse given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE				
res leaft	MED						1 TYES	z XI NO	OF DEATH?	
has been si Dept. of He n 23 show	AN:	25. WAS CASE REFERRED TO MEDICAL			24 (PLACE OF DEATH (Ch				
certificate he the State I	PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	ome 5 🗆 Residence				
ther this cereath with the marked,		27. MANNER OF DEATH 1 ☑ Netural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY W	NJURY AT WORK?	28d. OEŞCRIBE HOY	V INJURY OCCU	RED	
5 4 5 m	D BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre			281. LOCATION (Stree City or Town, Sta		Rural Route Number,	
HECTOR:	ETE	4 Homicide determined								
E 27.	COMPLETED	(Check only	CIAN: To the best of my know R: On the basis of examination						cause(s) and manner as stated.	
A HANG	ш	266. SIGNATURE AND TITLE OF CENTIFIES			15	29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Month, Day, Year)	
2 2 2 X	TO B	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALISE OF DE	ATH (ITEM 27) (Time O	rint)	D01	380	> 3.	-3-93	
(in =1		Dr Fenwin		Leonardto		ryland 2	0650			
				ATHE	_					
(6)		31. DATE FILED (Month, Dey, Year) MAR - 4 'Q	32. REGISTRAR'S SIGN	ridson-Randa	22					

STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 - M 2 X F YRS 215-36-2765 Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ST. Maru's DIRECTOR conard town RESIDENCE OF DECEDEN 10a. STATE 10c, CITY, TOWN OR LOCATION St. Mary's 1 YES 2 NO Maryland Lexington Park FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Route 1 Box 295-C 20653 U.S.A. 24 nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yee, specify Cuban, Mexican, Puerto Rican, etc.)

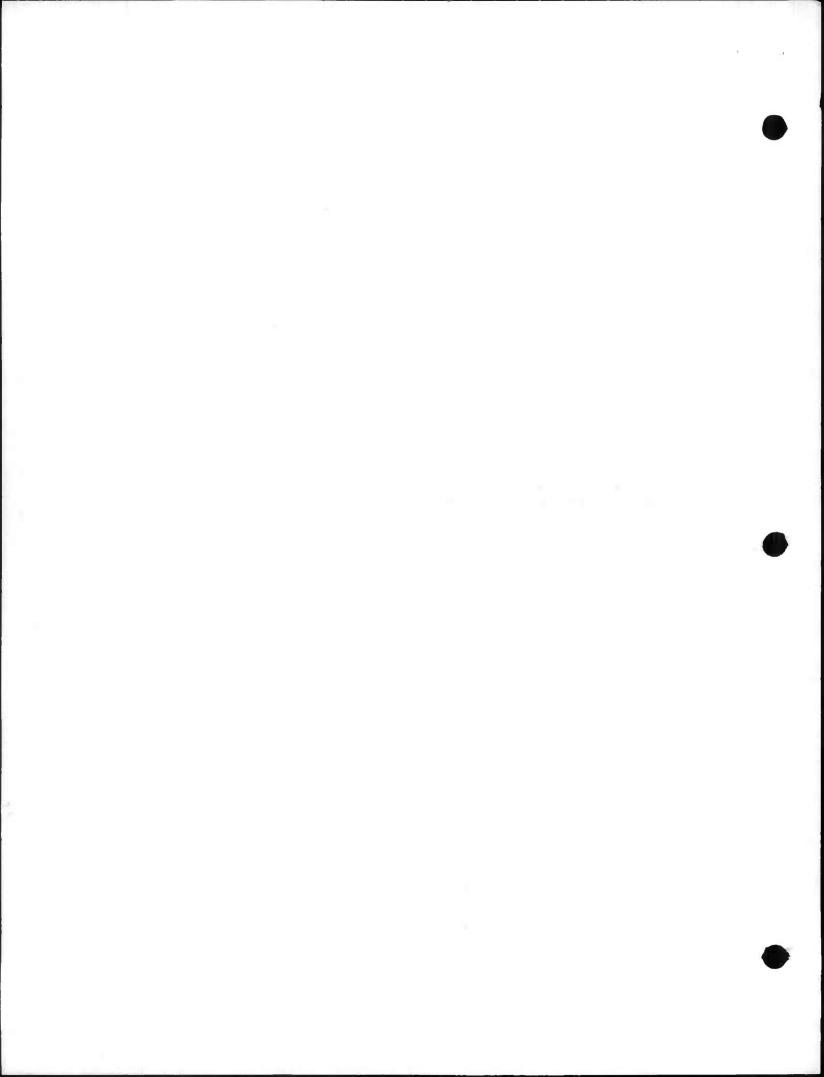
1 YES 2 NO Specify: 11. MARITAL STATUS RACE — American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES BY Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 6th Grade Housewife Home. notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charlie Tolson Louvinia Whalen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 Lucy M. 717 Lyndhurst St. Baltimore, Maryland 21229 Dudley be 20g-METHOD OF DISPOSITION
1 🖾 Burlal 2 🗆 Cremation 3 🗆 Re
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Peter Claver Cemetery 4/6/93 St. Inigoes, Maryland examiner SIGNATURE, OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY the funeral Tichael Mattingley-Gardiner Funeral Home, P.A. Box 270 Leonardtown, Maryland 20650 .0. medical 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, filled in by Approximata shock, or heart fellure. List only one cause on each line. Interval Betwe 0 IMMEDIATE CAUSE (Final Onset and Death cremation, event, the disease or condition been signed by the attending physician and completely it of Health and Mental Hyglene prior to burial, crematio is hows any Injury, or other traumatic event, the executed within resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DR ATTENDING PHYSICIAN: The law requires that the death certificate be that initiated events resulting in death) LAST Injury. PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 740 OF DEATH? has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA After this certificate death with the State OTHER 1 TES 2 NO me 5 - Residence 6 - Other (Specify) 0 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28b. TIME OF marked, 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investige 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 69 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number City or Town, State) COMPLETED 6 Could not be DIRECTOR: Item 28 4 Homicide 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. FUNERAL (HOSPITAL IMPORTANT: II 2 MEDICAL EXAMINER: OF on, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner es stated. 29b. SIGNATURE AND TITLE BE ERA 2 30. NAME AND ADDRESS lam

Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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31. DATE FILED (Month

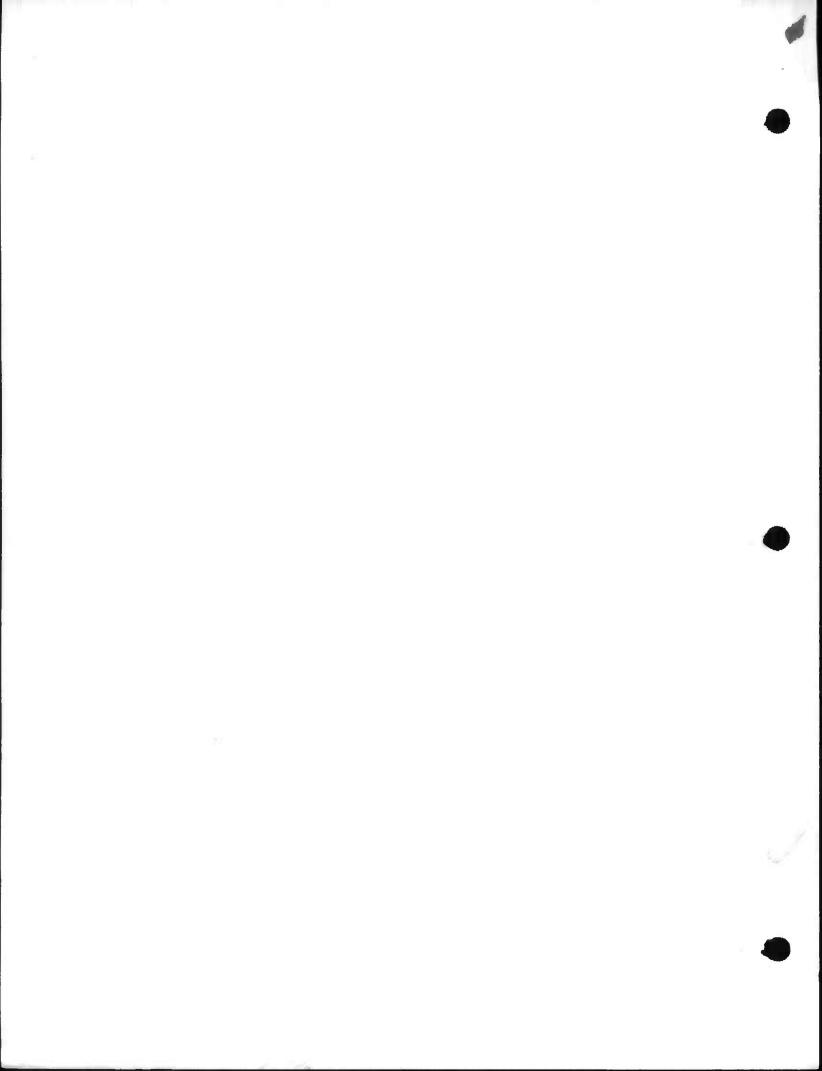


BALTIMORE, MARYLAND 21203-3146

TO THE HOSPING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

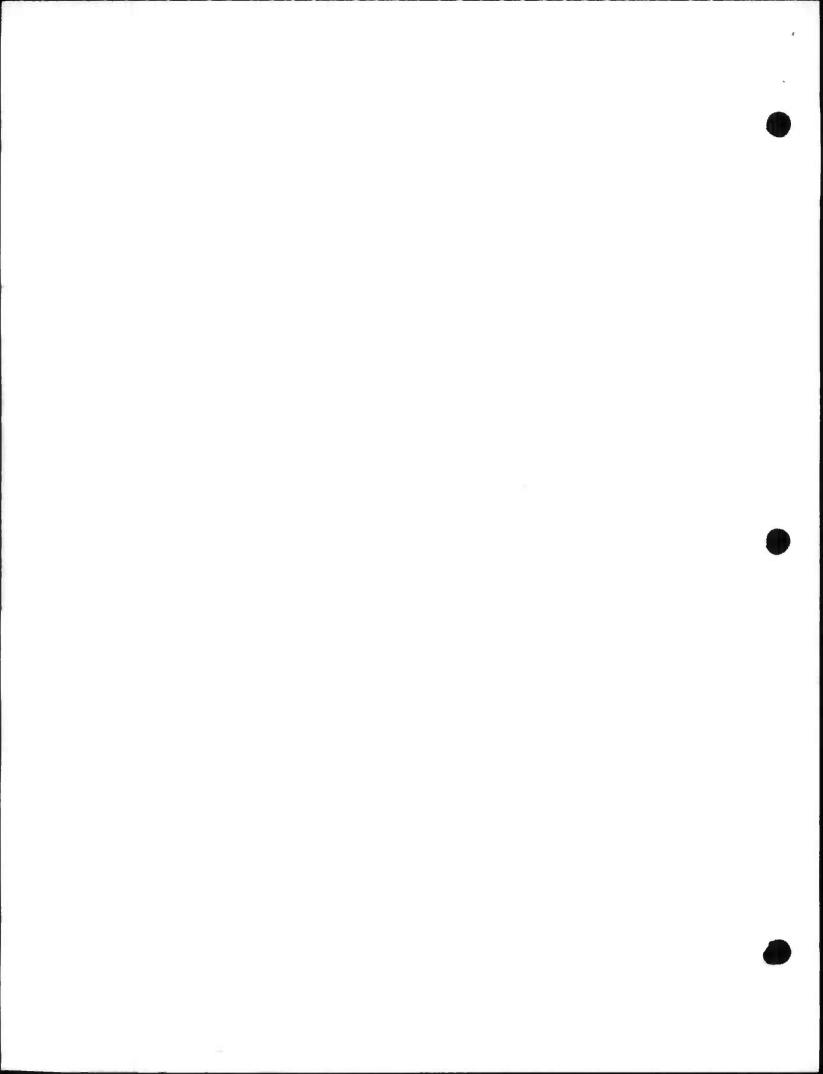
IMPORTANT: It them 28 is marked, or them 23 shows any injury, or other traumattic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEI	NE	3 11300		
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF OEATH	DAY YE	3. TIME OF OEATH		
	Норе	Imelda	Chese	ldine		March 30	,1 993 YE	4:20 Pm		
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
ı	578-03-0166	1 □ M 2 □XF	84 YRS.		1 4 4 4	Feb. 15,	1909	Maryland		
~	9s. FACILITY NAME (If not institution, give				R LOCATION OF DE	EATH	9c. COUNTY			
힏	St. Mary's Nursi	ng Center		Leonar	atown		St.	Mary's		
DIRECTOR	10s. STATE 10b. COUNT	ry		TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
		Mary's	Leor	nardtown				1 TYES 2 X NO		
38	10e. STREET AND NUMBER			101.	ZIP COOE			OF WHAT COUNTRY?		
FUNERAL	Rt. 2 Box 119-A	12. WAS DECEDENT EVER	IN II e ADMEO	12 186 050	20650	NC ORIGIN? (Specify Y	U.S.	RACE — American Indian,		
	1 Never Married 2 Married	S 2 NO	If yes, spe		n, Puerto Ricen, etc.)	14.	Black, White, atc. Specify:			
BY	3 Widowed 4 Divorced	1 725, 472 1840 01			a go tro opacity			White		
	15. DECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S U	ork done during mo	N it of working	16b. KIND OF B	USINESS/INDUS	TRY		
드	Elementery/Secondary (0-12)	Home	emaker		F	Iome				
COMPLETED	11th Grade				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumeme)			
ŏ	Justin E	Wheel	er	Josep		Ella	Latham			
BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To		de)		
임	Helen F. Guy		Rt. 2	Box 120	, Leonar	dtown, Ma	ryland	20650		
	20s. METHOD OF DISPOSITION 5. Burisl 2 Cremation 3 Res	moval from Stats	0b. PLACE OF DISPOSI other place)				OCATION — City	Carlo Carlo		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ura una esta de la constanta d	Sacred He		etery D ADDRESS OF FA		Bushwood	d, Maryland		
	21. SIGNAL OF FUNERAL SERVICE	5 1.)				neral H	Home, P.A.		
	or punaecon.	× ardener						rvland 20650		
	23. PART I. Enter the diseasee, or shock, or heert fellure	Liet only one cause on		ot enter the mo	de of dying, suc	n ee cerdiac or ree	piratory erres	Approximete Interval Between Onset and Death		
	disease or condition									
	Due To (OR AS A CONSEQUENCE OF):									
2		a d	monie							
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
	that initiated events resulting in deeth) LAST									
		d.								
M	PART ii. Other significent condition	na contributing to deeth	but not resulting in	the underlying	cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
ă						1 TYES	2 💢 NO	OF DEATH?		
ž						_		1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	heck only one)				
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpetient 3 🗆 DOA	OTHER: 4 N Nursing Hon	e 6 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEETH	28s. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HOV	V INJURY OCCU	RED		
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	res 2 NO					
- 1	3 Suicide 6 Could not be 4 Homicide datermined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, st pec/fy)	treet, factory, offic		26f. LOCATION (Street City or Town, Sta		Rural Route Number,		
	20a CERTIFIER			51,140	-					
COMPLETED	(Check only	SICIAN: To the best of my kn						suse(s) and manner as stated.		
8			mon and/or investigation	i, in my opinion, i				ALINE ALINE TA SCHOOL		
BE	296. SIGNATURE AND TITLE OF CERTIFI	The sta	mo		29c. LICENSE NU	MBER 2 8 T		IGNED (Month, Day, Year) -3/-53		
5	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type.	Print)	μ	200	1, 0	11/2		
	William D. Boyd,	II. M.D.	Leonardt	own, Ma	ryland	20650				
	31. DATE FILEO (Month, Day, Year)	32. BEGISTRAR'S SI	CON-Rondale		at .					
	APR 01 '93	guna Davic	MON-N-							



0	ysician.	rial-transit permit, Pages 1, 2, 3 should	
WARTLAND ZIZUS-314	retained by the hospital or attending pl	5 should be detached for use as the bi	notified at once.
BALLIMORE, I	2. Juns after death. Page 6 may be	y filled in by the funeral director, page rition, or removal.	the medical examiner must be
OF VIAL RECORDS, P.C. BOX 13146, BALLIMONE, MARILAND ZIZUS-3146	rSICIAN: The law requires that the death certificate be executed within 2 countries after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ISION OF VITAL RECU	ATTENDING PHYSICIAN: The law requires	CTOR: After this certificate has been sign after death with the State Dept. of Heal	28 is marked, or Item 23 shows
AID V	TO THE HOPPITAL OR ,	THE FUNERAL DIRE	IMPORTANT: If Item

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		ENTAL HYGIENI REG. NO.	E)	3 11301	
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH	
	Ethel Bet	tv		'vrus		March 30		3:45 P. M	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (Ir	yrs, last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
	225-03-7432 1 [77 YRS.	MONTHS DAYS	OR LOCATION OF DEA	Nov. 29,19		Virginia	
OB	102 Airedale Road			Ridge				Mary's	
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			16d. INSIDE CITY	
FUNERAL DIRECTOR	Maryland St. M	Mary's		Ridge			LIMITS?		
AL	10e. STREET AND NUMSER	0e. STREET AND NUMBER					10g. CITIZE	ZEN OF WHAT COUNTRY?	
Ä	102 Airedale Road			20680			.S.A.		
FU	1 Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, as	ecify Cuban, Mexican,	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-	I. RACE — American Indian, Slack, Whita, atc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES	2 X NO Specify:		1	Specify: White	
B	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON polested		USUAL OCCUPATI		18b. KIND OF SUS	INESS/INDUS	STRY	
COMPLETED	Elementary/Secondary (0-12) Co	oflege (1-4 or 5+)	life. Do NOT us	se retired.)	ist or working				
MP	11th Grade		Hou	sewife			Home	:	
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malden :			
BE	John W. M.	Minnick			Ellie	Lead of the Durate Number, City or Town	Bell		
2	Royal Wilford Cyrus	•				e, Marylar			
	204. METHOD OF DISPOSITION				metery, crematory or			ty or Town, State	
	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place)		al Garden			n Park, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		.01 51001	22. NAME A	ND ADDRESS OF FACI	ILITY			
	Mechanoto	Darling	_)					Home, P.A.	
	23. PART I/ Enter the diseases, or comp	plications that caused	the death. Do					tryland 20650	
l	shock, or heart fallure. List						,	Interval Between Onset and Death	
	disesse or condition resulting in deeth)								
	AUE TO JOR AS A CONSEQUENCE OF:								
Z	Sequentially list conditions, Due TO IOR AS A CONSEQUENCE OF:								
E	If any, leading to immediate								
5	CAUSE (Disease or Injury that initiated events Due to (or as a consequence or):								
CERTIFICATION	resulting in death) LAST			200					
S	PART II Out and a life and a selfill								
CAL	PART II. Other significant conditions co	ontributing to death be	ut not resulting	in the underlying	ig ceuse given in F	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
ă			-			1 YES 2	THO	OF DEATH?	
PHYSICIAN: MEDI						_		1 G YES 2 G NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26.5	LACE OF DEATH (Chec	ak anti anal		NII	
S	EXAMINER?	OSPITAL:	etlant 3 DOA	OTHER:	-1	, , ,			
¥	27. MANNER OF DEATH	28e, DATE OF INJURY	28b, TIA	AE OF 28c, IN	JURY AT	28d. DEŞCRISE HOW II	NJURY OCCU	IRED	
<u>-</u>	1 Natural 5 Pending	(Month, Day, Year)	IN		ORK? YES 2 NO				
9 87	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm,	street, factory, offi	ce	28f. LOCATION (Street a City or Town, State)	and Number o	r Rural Route Number,	
	4 Homicide determined	balleting, etc. (opec	ay,			City or lown, State)			
7	29e. CERTIFIER (Check only	N: To the best of my knowl	edge, death occur	red at the time, dat	a and place, and due t	to the cause(s) and mer	nner as stated	1.	
COMPLETED	2 MEDICAL EXAMINER: 0	in the Spain of elemination	s and or investigati	on, in my opinion,	death occured at the t	time, data and place, an	d due to the	cause(a) and menner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CENTIFIER	1 14	1	1//	29c. LICENSE NUM	BER / / / O	29d. DATE	SIGNED (Month, Day, Year)	
TO B	Ser	yrun	105/1	//)	W06	419	3	5-31-73	
۲	Dr. J. Patrick Jar				own Mary	<i>l</i> land 20650)		
	31. DATE FILED (Month, Deyl Year)	Annual Contract Contr			y.		,		
- 1	APK () 1 93	quianoundo	the seal hand	=					



3. TIME OF DEATH

REG. NO

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

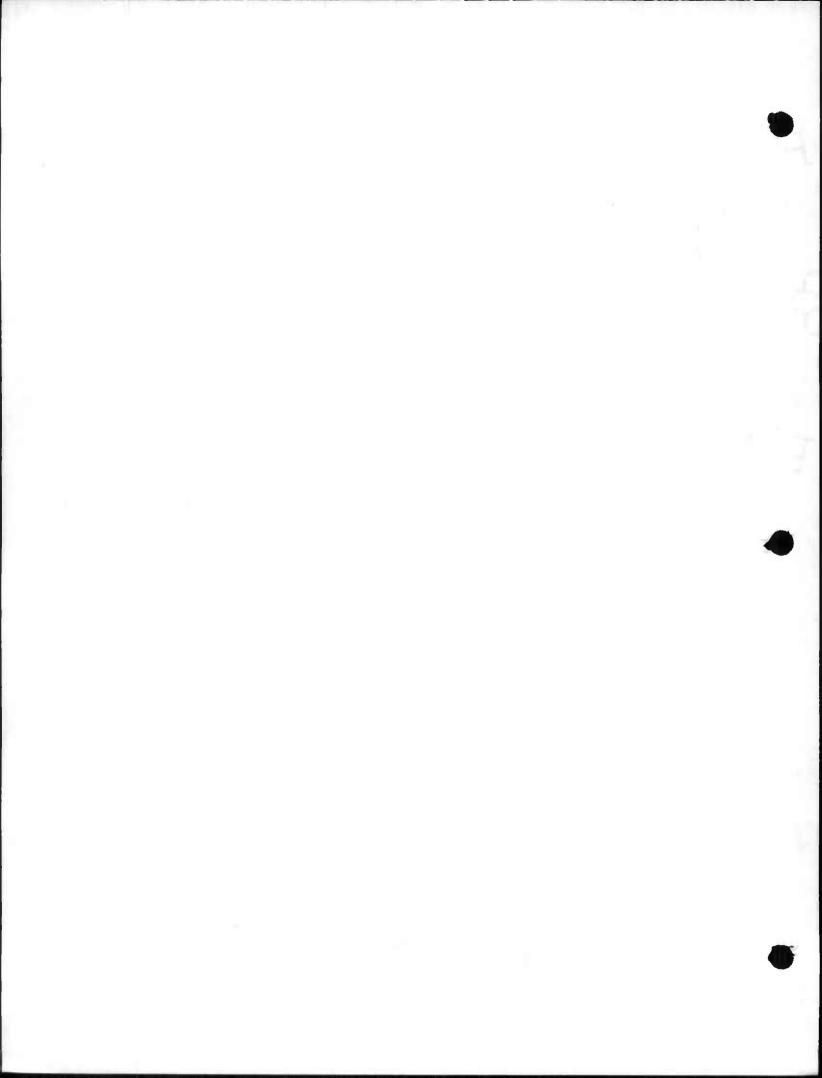
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2. DATE OF DEATH ephas 3 5 Lary CIDA 4 SOCIAL SECURITY NUMBER 5. SEX 7 DATE OF BIRTH 8. BIRTNPLACE (State 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 248-88-0556 Carol: Na MONTHS DAYS HOURS MIN. 46 1 M 2 X VRS South permit. Pages 1, 2, 3 should 9c. COUNTY OF DEATN 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Choptank o Rchester COMM. OF DIRECTOR -RUNE' α RESIDENCE OF DECEDENT 16d. INSIDE CITY 10a, STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION bR: 1 X YES 2 NO d FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 0 5 AVENUE ptank 6 filled in by the funeral director, page 5 should be detached for use as the burial-transit 14. RACE — American Indian, Black, White, stc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO 1 Never Married 2 Married BY ack 4 Divorced 3 Widowed COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) Key ERSON 76 BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City 2 MD. 21613 llen pe 20a METHOD OF DISPOSITION 20c. LOCATR 26b. PLACE OF DISPOSITION (Name of cametary crametory or must 1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify) SbuRy a Remator 22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 54. Wa 510 anelle ambride wu 0 21613 Ma removal medicai 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such Approximate shock, or heart feliure. List only one cause on each lina. Interval Between 50 Onset and Death IMMEDIATE CAUSE (Final the cremation, disease or condition myune perificate has been signed by the attending physician and completely in the State Dept. of Health and Mental Hygiene prior to burial, crematic DUE TO (OR AS A CONSEQUENCE OF): resulting in death) or other traumatic event, DRU 40 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any injury, 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 | YES 2 | NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem DIRECTOR: After this certificate hours after death with the State HOSPITAL: OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Homa 5 🗆 Rasidenca 6 🗆 Other (Specify) OR ATTENDING PHYSICIAN: 00 27. MANNER OF DEATH 28a. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? marked, 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, ferm, street, fectory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Could not be determined .00 COMPLETED 4 Homicide 28 Item 1 🔀 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 34 MPORTANT: H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. within 29b. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 4/12/9 Han P.3 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADD 408 ambridge YRN APR 15 '93 32 MEGISTRAR'S SIGNATURE - Mandalle - Mandalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



BALTIMORE, MARYLAND 21215-0020

TO HE PLOOP IN OR ATTENDING PHYSICIAN: The law requires that the death certifician be executed within 24 mans after death. Place 6 may be retained by the hospital or stranding or bearings.	TO THE FAMILY DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, or minoral.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.
ad with	omplete al crem	event,
is the execut	sician and o	traumatic
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF CATE OF	HEALTH AND DEATH	MENTAL HYGIENE REG. NO.	93	11983			
	1. DECEDENT'S NAME (First, Middle, Last)	Crookett				2. DATE OF DEATH MONTH DAY	YEAR	. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	Crockett				4-12-93		8:45 a.			
	220-32-0773	tX∏XM 2 ☐ F		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-31-12	Country)	LACE (State or Foreign			
TOR	98. FACILITY NAME (If not institution, give s Edw.W.McCready Me				or location of i		OUNTY OF DEA				
DIRECTOR	MD 10b. COUNT	merset	10c. CITY,	TOWN OR LOCA	sfield			od. INSIDE CITY LIMITS?			
A	10e. STREET AND NUMBER				H. ZIP CODE	100	CITIZEN OF WH	YES 2 NO			
띮	3256 Lawsoni	a Road			21817		USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	CENDENT OF HISPA pecify Cuban, Maxie 5 2 NO Spec	ANIC ORIGIN? (Specify Yes or No- cen, Puerto Rican, etc.)	- 14. RACE Black, 1 Specify:	- American Indian, White, etc. White						
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATI	ON ost of working	16b. KIND OF BUSINESS/	INDUSTRY				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) H.S. Graduate College (1-4 or 5+) Where (1-4 or 5+) Owner					Furniture	Store				
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden Surname	1)				
BE	Clarence Crockett Lydia Maddrix										
5	190. INFORMANT'S NAME (Type/Print) William R. Crock	ett (son)				Route Number, City or Town, State, isfield. MD	Zip Code) 21817				
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATE OF	DISPOSITION (N	ame of	DATE 20c. LOCATION 4/15/93 Crist					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	iniyiidge	22. NAME A	ND ADDRESS OF F	ACILITY	iera,	MU			
	. (1000017	V. Benso				ns, Main St.,		eld, Md.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Welsheed Release Welstern or a put of Apa Cause Course Cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL CE	PART II. Other significant condition	s contributing to death bu	it not resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN AUTOPS PERFORMED? 1 [] YES 2 [] NO	AN CO	THE AUTOPSY FRIORICS RALABLE PRIORI TO OMPLETION OF CAUSE 7 DEATH?			
-							1	☐ AER S □ WO			
3	25. WAS CASE REFERRISD TO MEDICAL			1260	ACE OF DEATH (C)	hack contranel					
Sic	1 YES 2 NO	HOSPYAL:	tient 3 DOA 6	XIII MOR	V	4 C Other (Specify)					
Y PHYSICIAN:	27. MANNER OF DEATH 1 Chatural S Panding	28s. DATE OF INJURY (Month, Dep. West)	28b. TIME O	F 25c INJ	Water Commence	284. DESCRIBE HOW INJURY O	CCURED				
TED BY	2 Accident Investigation 3 Suicide & Could not be detergated	26s. PLACE OF INJURY - building, etc. (Specif	110	28f. LOCATION (Street and Numb City or Town, State)	ser or Runel Rout	w Number					
COMPLETED	29s. CERTIFIER (Chack only) (Ch										
O BE C	256. BIGMATERIE AND TITLE OF CERTIFIER	Stub	, M	1	DIO.		ATE SIGNED A				

Crisfield, Md. 21817 James Sterling, Main

APR 1 4 '93

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2256 Awsonia Road

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Jamence Gradett

William H. Cruckett (son) 3270 Souve Md. - Irisfield, MD 21617

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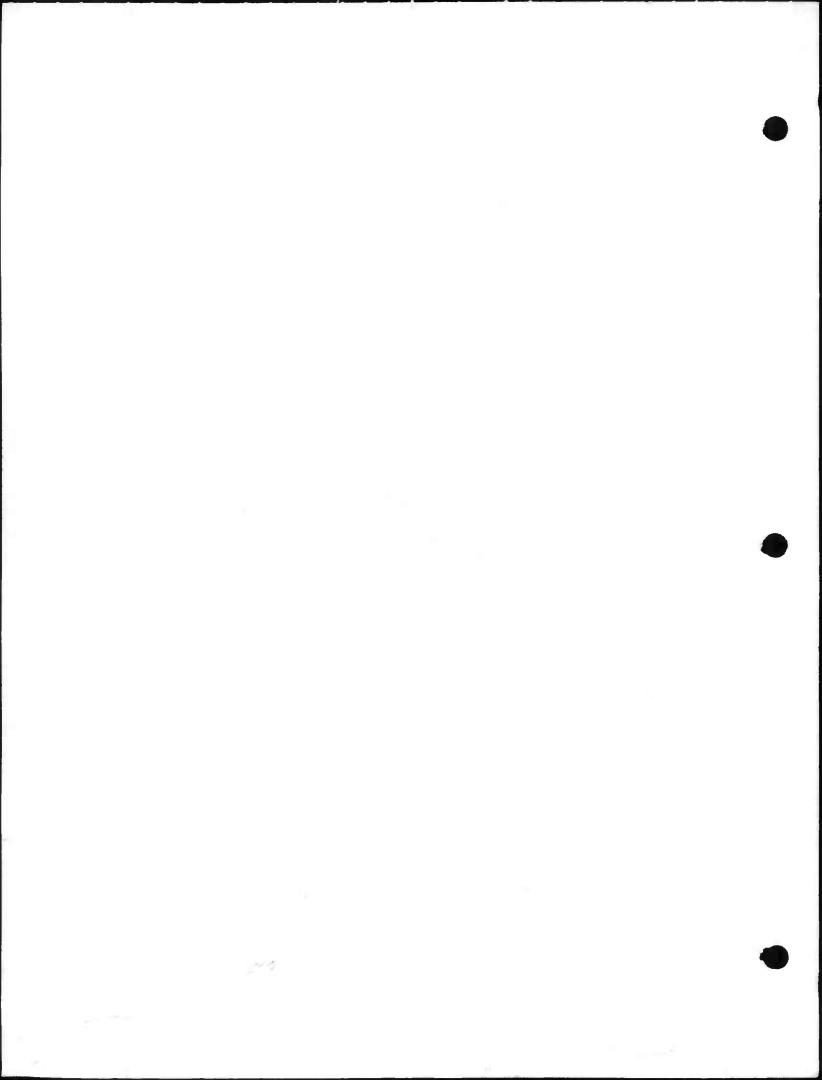
Surveilled aborial Park 4/15/93 Cristiale, at

a the manufacture of the state

AL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within "writours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thit the State Deot; of Health and Mental Houlese prior to burial, cremation or named.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DINCTION ATTENTION CONTINUED IN 1995 DEEP SIGNED BY THE ALTENDING PHYSICIAN AND COMPLETEN FILED IN 1997 THE REAL DINCTION BUTLAND ATTENDATION OF CHANNAL	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR	TMENT	OF H	EALTH	AND I	MENTAL HYGI			
	1. OECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEAT			3. TIME OF DEATH
- 1	EDNA NAC	MAI CARRO	LL					MONTH 4	04	1993	4:42 Am
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In	8. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH								PLACE (State or Foreign
1	270 01 2421	1 □ M 2 🕱 F 82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Yea May 10,	1)	Count	vland
œ	9a. FACILITY NAME (If not institution, give stre					R LOCATIO	ON OF DE	EATN	77. 27	UNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT							ince	George's		
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?		
					m-Seabrook					1 TES 2 NO	
₹.	10e. STREET AND NUMBER				101. ZIP CODE 10g. CITIZEN OF WHAT COUN					WHAT COUNTRY?	
FUNERAL	5514 Belva Place						0706			S.A.	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER IN U FORCES? 1 YES	S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN? (Specify	Yes or No-		E — American Indian, k, White, atc.
ΒY	3 🔀 Widowed 4 🗆 Divorced	IF YES, GIVE WAR OR DATE				2 ⊠ NO			,	Spec	My:
										1	White
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of	ompleted)	Give kind of	vork done	CCUPATIO	IN at of workin	g	16b. KIND OF	BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	We. Do NOT us		,						
₹		Years	School	Teac	her			Spec	ial E	ducat	ion
႘၂	17. FATNER'S NAME (First, Middle, Last)							ME (First, Middle, Ma.	den Sumame)		
BE	Kirt Cutchall					J	essi	.e	Gr	ove	
2	19a. INFORMANT'S NAME (Type/Print)	MANT'S NAME (Type/Print) 19b. MAILING ADDR					or Rural F	Route Number, City or	Town, Stete, Z	(ip Code)	
	JoAnne DeFrawi		5514	Belv	a Pl	ace,	Lan	ham-Seab	rook,	MD	20706
	20a. METNOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Remove	20b. PI	ACE AND DATE	FDISPOS	ITION (Ne	me of		DATE 20c	LOCATION -	- City or To	wn, Stata
	4 Donation 5 Other (Specify)	Ce o	ar Hil	L Cer	nete:	ry	4/0	8/93 St	uitlan	d, M.	aryland
- 1	21. SKIMATURE OF PUNERAL SEMVICE LICE			22.	NAME AN	D ADDRES		CILITY			
- 1	DValilh.	VI	116					's Sons			
\dashv	22 DART I Day of August	111	ugi	47	739 1	Balt:	Lmor	e Ave.,H	yattsv	ille	MD 20781
J		st only one cause on each	h ling.	ot enter	the mod	de of dyl	ng, suci	h as cardiec or re	spiratory a	rrest,	Approximata interval Between
ŀ	IMMEDIATE CAUSE (Final disease or condition	1/1/2	0.1					1 1		0.	Onset and Death
	reaulting in death)	Huns &	emp	حرل	0	الس	NB	1	fire	~	
		DUE TO (OR AS A CO	ONSEQUENCE OF	7):			,				
	Sequentially list conditions, b.										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CO	ONSEQUENCE OF	7):							
걸	CAUSE (Disease or Injury C.	DUE TO (OR AS A CO	WEFOUTHER OF								
	that initiated events resulting in death) LAST	DOE TO (ON AS A CO	MSECUENCE OF	·):							
	d.										
ا نِ	PART II. Other aignificant conditions	contributing to death but	not resulting i	n the un	derlying	ceuse g	Iven in	Part I. 24a, WAS	AN AUTOPSY	24b	WERE AUTOPSY FINDINGS
2	Strolle								FORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
요								1 U YE	5 2 🗌 NO		DF DEATH?
≥					_			- 1			1 TYES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL				00.75						
2	EXAMINER?	HOSPITAL:		OTHER		ACE OF DE	EATN (Che	ock only one)			
2		Inpatient Z ER/Outpatie					eldence	6 Other (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 29b. TIME OF 29c. INJURY AT WORK?								W INJURY O	/ INJURY OCCUREO		
፳	2 Accident Investigation			M		ES 2	NO				
200 BLACE OF IN HIRV As home down about date.								loute Number,			
281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 282. CERTIFIER (Check only Indicate Number of Rural Route Number, State) 283. LOCATION (Street and Number or Rural Route Number, City or Town, State) 284. LOCATION (Street and Number or Rural Route Number, City or Town, State) 285. LOCATION (Street and Number or Rural Route Number, City or Town, State) 286. CERTIFIER (Check only Indicate Number or Rural Route Number, City or Town, State) 287. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
Z	29a. CERTIFIER 1 CERTIFY NYSICI.	AN: To the best of my knowledg	je, death occurre	d at the ti	me, data :	and placa,	and dua	to the cause(s) and	manner as sta	ited.	
MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner) and manner as stated.		
	290. SIGNATURE AND TUTLE OF CENTIFIER				1	29c. LICE			-		
闏	WW	B	lno		1	77	77/	()		4/05/	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (News	Print)		1/5	00	-	1	4/UD/	1773
	Dr. Richard Feldma				D	.a =	a m 1.	MD (0706		
-	31. DATE FILED Manth-Tou Mart		0 Annap		KOE	ıa, L	anna	am, MD Z	20706		
	31. DATE FILED APPTROVE TO 1993	32. REGISTRAR'S HIGHAT!	son-Rande	22							
	3 1 1000		•								



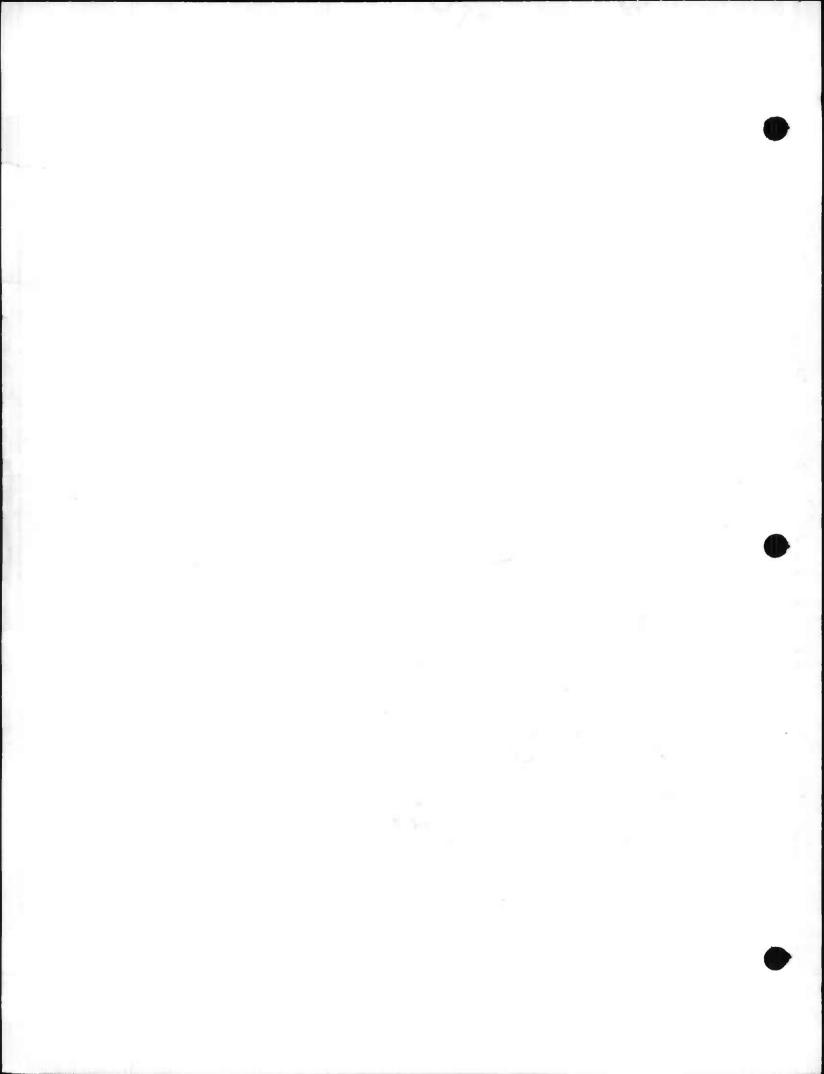
10 THE HIGH R. OR APPRICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNE CONTRIBUTE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 news annit wall with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY SHINEDAL

BALTIMORE, MARYLAND 21215-0020

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENE	E			
8	1. DECEDENT'S NAME (First, Middle, Las						2. DATE OF DEATH 3. TIME OF DEATH			
	EVELYN I	FRANCES CRAWFORD				04 06 93 11:55AM				
- 3	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H			7. DATE OF BIRTH	8. Bit	RTHPLACE (State or Foreign		
1	577-36-2387	1 □ M 2 😾 F 87	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 08-12-190		shington, DC		
	Ba. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY O			
DIRECTOR	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY					PRINCE GEORGE'S				
H	10a. STATE 10b. COUN	ITY	10c. CITY,	TOWN OR LOCAT	ION	10d. INSIDE CITY LIMITS?				
	Maryland Anne	and Anne Arundel Ann						1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER	is. STREET AND NUMBER 101. ZIP CO					10g. CITIZEN O	F WHAT COUNTRY?		
ij.	3209 Magno	3209 Magnolia Ridge Road			21403		U.S.A	Α.		
ا ۾	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES					Specify Yes or No— 14. RACE — American Indian, Black, White, etc.			
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR D					The second secon			
		<u> </u>		1			1	White		
	15. DECEDENT'S Et (Specify only highest gre	de completed)	16a. DECEDENT'S US (Give kind of wor	SUAL OCCUPATION k done during more retired.)	N st of working	16b. KIND OF BUS	INESS/INDUSTR	Y		
٦١	Elementary/Secondary (0-12)	College (1-4 or 5+)	Home Mak	,		0 11				
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		Home Mak	.e.	40 100000000000000000000000000000000000	Own Hom				
		nnors				NE (First, Middle, Malden S				
뀖	19a. INFORMANT'S NAME (Type/Print)	MHOIS	Tank MAN MIC A	200500 (0	Marga		Mann:			
2	John Sanford					oute Number, City or Town				
	20a. METHOD OF DISPOSITION	Lan	D. PLACE AND DATE OF			oad, Annap	OLIS, I			
	1 M Buriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	netery, crematory or othe	place)	me or	09/93 Brei	ATION — City of	lown, State		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	ort Linco.	22 NAME AN	D ADDRESS OF FAC	J9/93 Brei	ntwood,	Maryland		
	1	6 07 .	/	Franci	s Gasch'	s Sons Fun	eral Ho	ome, P.A.		
	* Jack	* Trene	~	4739 E	altimore	Ave., Hyat	tsville	, MD 20781		
CERTIFICATION	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, above, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death									
	PART II Other elemificant condition									
ICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underly Damen Tig			the underlying	; cause given in i	Part I. 24a. WAS AN A PERFORE 1 YES 2	MED? AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEI							-X	OF DEATH?		
ż						_		7.		
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ck only one)				
Si	155 YES 2 NO	HOSPITAL:		THER: Nursing Hom	e 5 □ Residence (6 Other (Specify)				
ED BY PHYSICIAN: MEDIC	27. MANNER OF GEATH 1 Netural 5 Pending Investigation 2 Sa. DATE OF INJURY 2 Sa. DATE OF INJURY 2 Sa. TIME OF USURY AT WORK? 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28. DATE OF INJURY 28. DATE OF INJURY 4 Sec. INJURY AT WORK? 1 YES 2 NO 28. DESCRIBE HOW INJURY OCCURED 4 Sec. INJURY AT WORK? 1 YES 2 NO 28. DESCRIBE HOW INJURY OCCURED 4 Sec. INJURY AT WORK? 28. DATE OF INJUR									
200. CERTIFIER 200. CERTIFIER								1/1/420770		
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.										
8	296. SIGNATURE AND TITLE OF CERTIF	IER MB			29c. LICENSE NUM D 379		29d. DATE SIGN	ED (Month, Day, Year)		
임	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	rint)			1/0	,		
	Stephanie T	71 to 10 MB	7500 CY	eenway	Centa 1	rive are	nbelt.	MD 20778		
		93 Lulia Dav	idson-Randel	e						
	21. 11 0 13.	331								



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page 5 should be

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Injury,

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28 Item

PHYSICIAN: Item

COMPLETED

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filled in by and completely fi o burial, cremation TSICIAN: The law requires that the death certificate be executed within has been signed by the attending physician and Dept. of Health and Mental Hyglene prior to 1 23 shows any Injury, or other trauma the State with t After death L DIRECTOR: TO THE FUNERAL DE filed within 72 h

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 1993 03 04 8:49 A.M Warren Coleman 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER t YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign APRIL 15, 1 M 2 - F 243-24-5262 WASHINGTON, D.C 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Washington Adventist Takoma Park Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY N/A N/A WASHINGTON, D.C. XX YES 2 - NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 125 WALNUT ST. N.W. U. S. A. 20012 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES ZX NO Specify ВY 3 Widowed 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 4 YRS. (1-4 or 5+) ACCOUNTANT D.C. GOVT. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) WARREN COLEMAN SR. OLIVA TORIAN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 125 WALNUT ST. N.W. W.D.C. 20012 ARTINISE MARIE COLEMAN 20s. METHOD OF DISPOSITION
1 N Buriel 2 Compalion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State PARKLAWN CEMETERY 4-7-93 ROCKVILLE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHNSON & JENKINS INC. 716 KENNEDY ST. N.W. W.D.C. 20011 23. PART Finer the diseases, or conflications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximata interval Batween **IMMEDIATE CAUSE (Finei** Onset and Desth disease or condition KTERIOSCUEROTIC CARDIOVASCULLAR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO DE DEATH?

				1 YES 2 NO						
5. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)									
EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inpetient 2 PER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Reside	ER: ursing Home 5 - Residence 6 - Other (Specify)							
7. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation		TIME OF 26c. INJURY AT WORK? M 1 YES 2 NO	28d, DESCRIBE HOW INJURY OCCUP	RED						

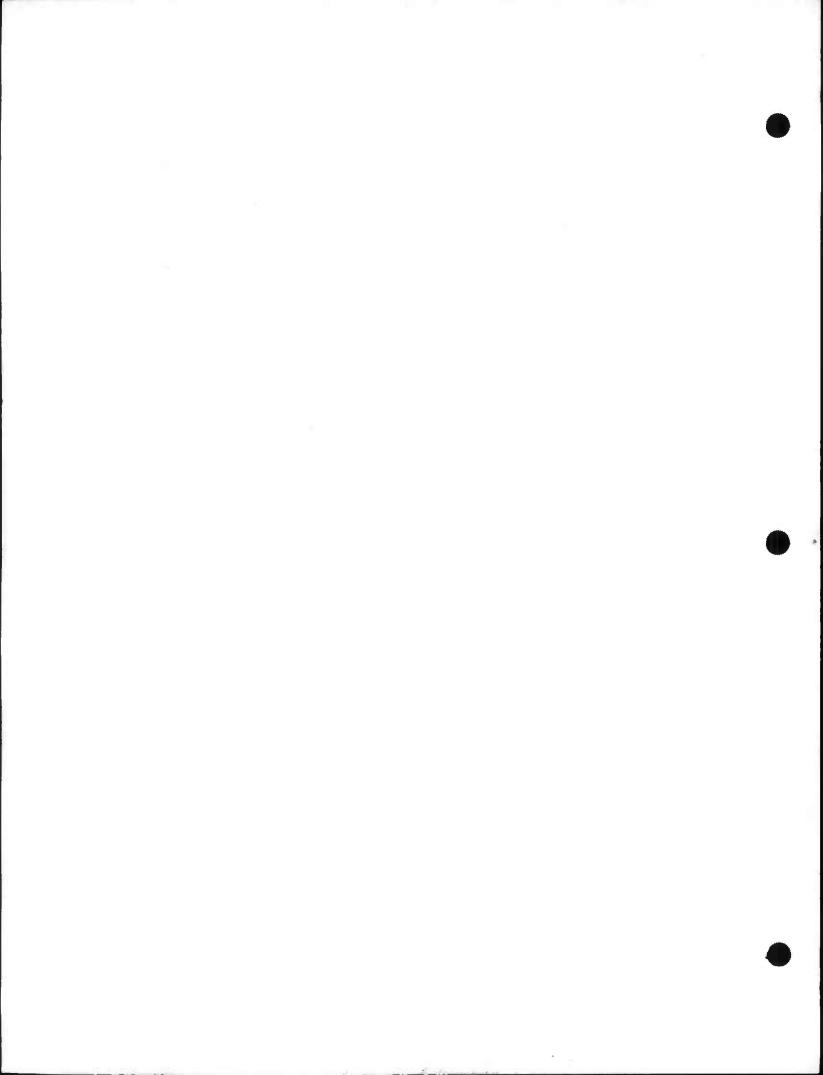
3 Sulcide 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide

1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) end menner ee stated. (Check only one)

2X MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

294. SIGNATORE AND TITLE OF OURTH IEN	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
I XIVIA JATE VILLA	0 C W E	04/04/1002

00	pu	J- /TW] 0.	.C.M.E.	▶ 04/04	/1993
30. NAME AND ADDRESS OF T	PERSON WHO COMPLET		M 27) (Type, Prim	")			
MARIO F.	GOLLE,	JRMR11	Penn	Street,	Baltimore,	Maryland	21201
31. DATE FILED (Month, Day, Ye	ar) 32. RE	GISTRAR'S SIGNATURE					
APRO 8 1993	Gulia Dai	vidson-Randell					



BALTIMORE, MARYLAND 21215-0020

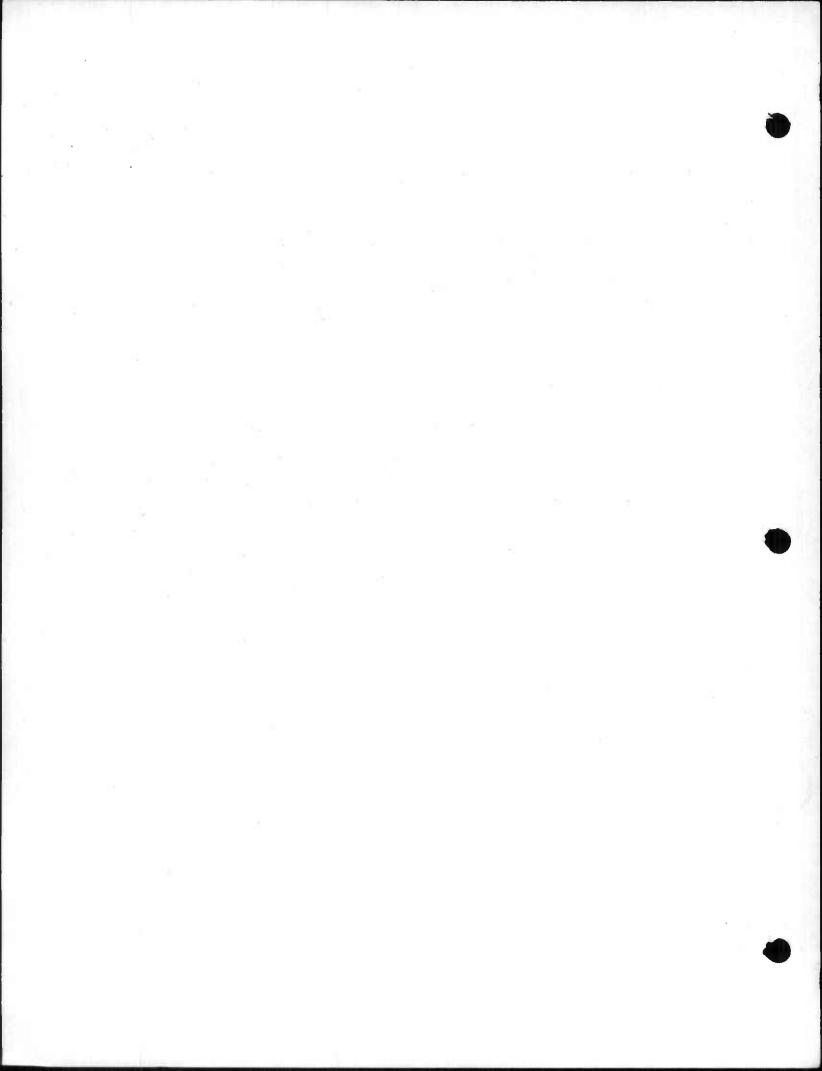
THE HOSPITAL OR ATTACOME PARS ANY. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE PLATEAL DIRECTOR CONTROLL OF CO

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE C	F DEATN			. TIME	OF DEATH
	MAG	REL.	RES.	9				MONTH	/ a D/	y	9°3	11	7:52 "		
	4. SOCIAL SECURITY NUME	BER	5. SEX		rs. last birthday)		R 1 YEAR	IF UNDE	A 24 HRS.	7. DATE O	F BIRTN		/	ACE (State or Foreign
	214-38-659	95	1 M 2 N F	7		MONTHS	DAYS	HOURS	MIN.	NOV.	9, 19	115	Country)		
	9a. FACILITY NAME (If not in		treet and number)	/	/	Oh CIT	Y TOWAN (OR LOCAT	ON OF DE		J, 1.		Virg	in	ia
œ	So m	12.1	4.17	110-	Din	30. CIT				SALD		1	INTY OF DEA		0-1
DIRECTOR	RESIDENCE OF DEC	///Y//	7ND	TTUS	PITAL	-	CV	INT	DIU			PI	YNCE	-	GEONGE
ŭ	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION	_				1	Od, IN	SIDE CITY
ā	Maryland	Princ	e George	's		For	+ W:	ashir	ngtor	1			1		IITS? ES 2 VI NO
4	10e. STREET AND NUMBER					- 01		. ZIP COD		1		10g. CIT	IZEN OF WH		A
FUNERAL	12213 Firth	of Ta	e Drive					207	7/1/1					HC	
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC			NC ORIGIN?	(Specify Yes	or No-	14. RACE -	US.	ican Indian
BYF	1 Never Married 2	s X NO		I1 yes, sp	ecify Cubi	in, Maxica	n, Puerto Ri	cen, etc.)		Black, \ Specify:	White,	etc.			
	3 Widowed 4 Divo	orced						M	apoon,				Ореспу.	Wh:	te
	15. DEC (Specify only	EDENT'S EDUC	CATION completed)	16	a. DECEDENT'S	USUAL O	CCUPATIO	ON at of worki	0.0	16b, I	(IND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0		College (1-4 or 5	+)	(Give kind of life, Do NOT u				''y	Pı	ince	Geor	ge's	Coi	intv
COMPL	8th				Cafet	eria	Wor	ker					ucati		
3	17. FATHER'S NAME (First, M.							18. MOT	HER'S NA		ddle, Melden				
BE			utherfor	d					S	usie	Grish	v			
5	194. INFORMANT'S NAME (7)				19b. MAILING	ADDRESS	S (Street a	nd Numbe	r or Rural F	Route Numbe	, City or Town	, State, Zi	Code)	-	
-	Ann C. Fars				12213	Fir	th c	f Ta	e Dr	. Ft.	Wash	ingt	on. M	d .	20744
	20a, METHOD OF DISPOSITI	ION on 3 🗆 Remo	oval from State	20b. PL	ACE AND DATE	OF DISPOS	SITION (No	me of		DATE	20c. LO	CATION -	City or Town	, State	
	4 Donation 5/1 Other	(Specify)	25 25 - 10510	Ced	y, crematory or o lar Hil				4-9	-93	Sui	tlan	d. Ma	rvl	and
- 1	21. SIGNATURE STYPUNERA	SERVICE LIC	ENSEE						SS OF FAC					,	
	· UNGO FA	1110				6	160	Ovan	Mar Mar	as ru ı Da	neral	HOM	e 1. Md	-	07/5
	23. PART I. Enter the di	iseasea, or c	omplications the	t ceused th	a death. Do i	not anter	tha mo	de of dy	ing, suci	h aa cardie	oc or respi	ratory ar	reat.		0745
	shock, or hi	aart fallure, L	List only one cau	ise on aach	ilina.									In	terval Batween
	disease or condition	→		ROI	NAR	М	A	RIF	RY	1	DILE	AS	E		leaf and Deafil
	resulting in death)		DUE TO	(OR AS A CO	INSEQUENCE O	F):								-	
z	2		T_1	TEA	RIOR	W	140	CAG	205	QL	In	FAR	CTION	4	
2 ∥	Sequantially list conditi if any, leading to immed	diate			NSEQUENCE O	n.								1	
RIFICALION	CAUSE (Disease or inju			AR	JA JCL		44	KI	411	tmi	H				
=	that initiated events resulting in daeth) LAS		DUE TO	(OR AS A CO	NSEQUENCE O	F):									_
ב ב	resolding in odedli) LAS	' L a	1											-	
ן נ	PART II. Other significan	nt conditions	contributing to	death but r	not resulting	in the un	derivino	Cause	alven in	Part I. 2	4a. WAS AN	MITOPSY	245 W	ERE AI	TOPSY FINDINGS
5	HL2H	EIMI	ERS D	ISEA	SE						PERFOR	VED?	A	AILAB	E PRIOR TO
3										-	YES 2	KNO	0	F DEAT	H?
E										-			1	YE	3 2 🗌 NO
SICIAN	25. WAS CASE REFERRED TO	D MEDICAL	1.74				26. Pt	ACE OF D	EATH /Ch-	ock only one)				_	
	EXAMINER?		HOSPITAL:	EB/Outnetie	m 3 🗆 DOA	OTHER	R:							_	
Ē	27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TIM	E OF	28c, INJ		sidence	6 Other (RIBE NOW IN	LIURY OC	CUBED		
- 1		Pending Investigation	(Month, D	ay, Year)	INJ	URY		RK? 'ES 2	NO				00/120		l
	3 Calebra	Could not be	26a. PLACE O	F INJURY —	A1 home, ferm, s	street, fact				281, LOCAT	ION (Street a	nd Number	or Rural Rou	to Nurr	bor
4		determined	building,	etc. (Specify)						City or	Town, State)				
4	29a. CERTIFIER	IEVING PHYSIC	TAN: To the heat of	- Lander	a death see										
L L			CIAN: To the best of R: On the bests of a											1577	
3					Contributing and	n, in my o	pinion, a				nd place, and	due 10 11	ia cause(s) a	nd ma	mer as stated.
	296. SIGNATURE AND LITTLE	1(5	100	100	MI	174	0	29c. 1400	NSE NUM	BER OTL	,	29d. DAT	E SIGNED (M	onth, L	lay, Ybar)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALL	SE OF DEATH	(ITEM 27) (%=)	0-1-1		<u> </u>	16-1	140	1		41)	14	5
	RAT On	1 AAAT	X M	NA A	(TEM 21) (Type,	911	31	817	O A	FA.	JAU	0	0 0	10	NORM!
	31. DATE FILER (MORN, Day, 1	Year)	32. RESISTRA	R'S SIGNATU	RE 70	1 1	11	4 17	1	117	-417		7	U	4/0/0
Ì	31. DATE FILEA (MORO), DOV.	871993	guna	Davidso	R-Randa	مان									

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE OF MARYLAND / DEPAR CERTIFI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	KATHLEEN CHARLES 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State of Foreign
	579-78 S 94 1 M 2 F 63 YRS. 9a. FACILITY NAME (if not institution, give street and number)	MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF D	Nov. 4. 1929	Comentine, Guyan.
DIRECTOR	11331 Drumsheugh Lane	Upper Marlboro		rince George's
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY	, TOWN OR LOCATION		10d. INSIDE CITY
	MD. Prince George's U	Oper Mari	Doro	LIMITS? YES 2 NO 1. CITIZEN OF WHAT COUNTRY?
FUNERAL	11331 Drumsheigh Lane	207	50	United States
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECISIONT EVER IN U.S.A. AMED FORCES? 1 YES 2 WNO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	en, Puerto Ricen, atc.)	o— 14. RACE — American Indien, Bleck, White, etc. Specify: 6 C
COMPLETED	(Specify only highest grade completed) (Give kind of w	USUAL OCCUPATION ork done during most of working oratined.)	16b. KIND OF BUSINES	is/INDUSTRY
MPL	Elementary/Secondary (0-12) College (1-4 or 5+) DOTO College (1-4 or 5+)	troops price	Norsy	g Home
	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S N	AME (First, Middle, Maiden Surna	near)
BE	190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. MAILING	ADDRESS (Street and Number or Rural	Boute Number City or Town Sta	SON ste Zin Code)
5	Esther Charles 11331	Drumkheuth		Marthon MD 20750
	20e. METHOD OF DISPOSITION 1 Buriel 2) Cremetion 3 Removal from State other place)	ITION (Name of cemetery, cremetory or		ON — Cily or Town, State
	4 Donallon 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F		andria, VIII.
	+ aller S. Pope In	Hexander S538 Marl	-2" Kober	Muneral Hone
	23. PART I. Enter the diseases, or complications that caused the death. Do n shock, or heart fellure. List only one cause or each line.		ch se cardisc or respirato	ry arrest, Approximate
	IMMEDIATE CAUSE (Finel disease or condition	1.		Onset and Death
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF	uuve		12 years
z	Diabetes p	rellitus		15-20 yrs
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING):		
FIC	CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):		
CERTIFICATION	resulting in death) LAST			
	PART II. Other aignificant conditions contributing to death but not resulting I	n the underlying cause given in	Part I. 24e, WAS AN AUTO	OPSY 24b. WERE AUTOPSY FINDINGS
CAL	Hypertonsion		PERFORMED	COMPLETION OF CAUSE
PHYSICIAN: MEDIC				OF DEATH?
ž				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (C	heck only one)	
HYS	1 ☐ YES 2 ☑ NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNEB-OF DEATH 28e. DATE OF INJURY 28b. TIM	4 Nursing Home 5 Pasidence OF 28c. INJURY AT	8 Other (Specify) 28d, DESCRIBE HOW INJUR	RY OCCURED
ВУ Р	1 Netural 5 Pending (Month, Day, Year) INJ 2 Accident Investigation	M 1 YES 2 NO		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	treet, factory, office	281. LOCATION (Street end N City or Town, State)	lumber or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurre one) 2 MEDICAL EXAMINER: On the basic of asymination and/or investigation			
	290_BIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU		d. DATE SIONEO (Month, Day, Year)
TO BE	Weelly 4. Mason	MD. MO O	22235	4/5/93
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	enue Ke	nsingtor	md 20895
	31. DATE FILED (MONS), GOV. YOUT 1993 32. REGISTRAN'S SIGNATURE GUND JANGSON-Rand	all_	0	



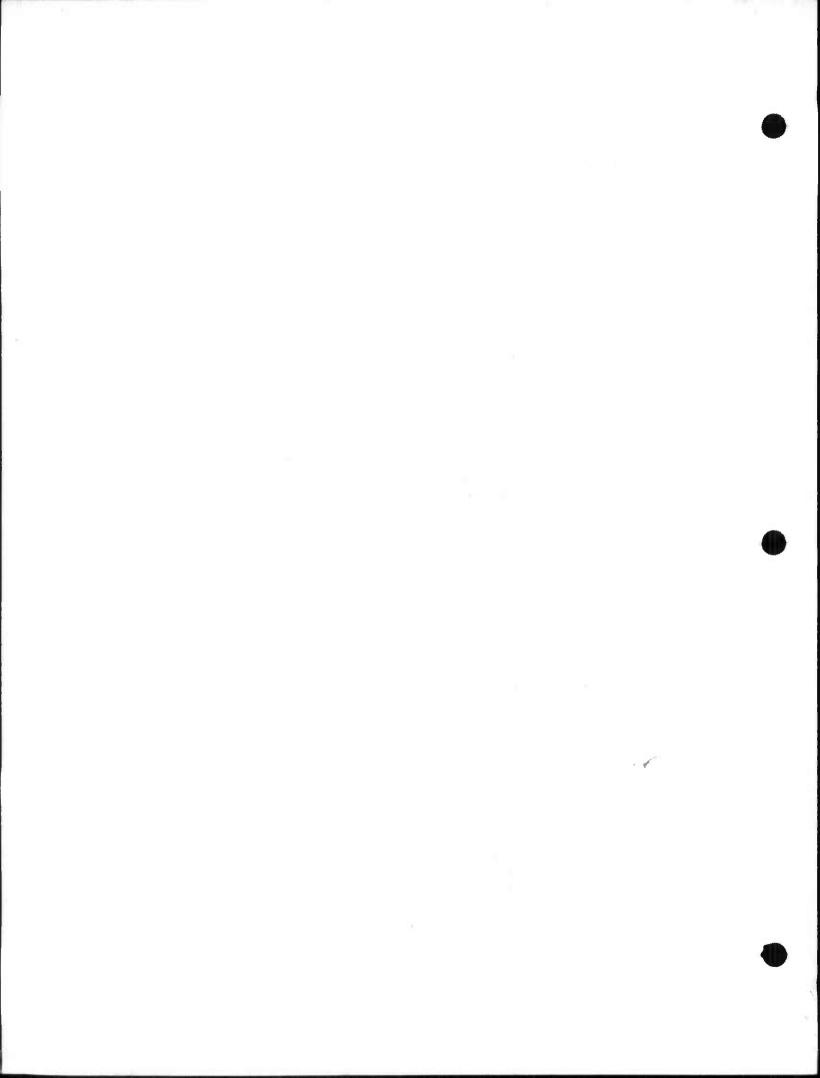
TO THE HOSPITAL OF THE LANGE HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLINETAL OF STORE AND THE LANGE HE STORE BOD TO THE ALTHOUGH HE STORE BOD TO THE BOD THE STORE BOD TO THE BOD TO THE STORE BOD THE STORE BOD TO THE STORE BOD TO THE STORE BOD TO THE STORE BOD THE STORE BOD TO THE STORE BOD TO THE STORE BOD TO THE STORE BOD TO THE STORE BOD TO THE STORE BOD TO THE STORE BOD TO THE STORE BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		0 11303			
	1. DECEDENT'S NAME (First, Middle, Last)	(Clora	Jane Cric		DEATH	2. DATE OF OEATH		3. TIME OF DEATH			
	CLORA CRIDER	(0_0_0	0110	,		монти р 04 05	1993				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (· · · · · ·	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bi	RTHPLACE (State or Foreign			
1	213-38-2207	1 🗌 M 2 💢 F	87 YRS.	MONTHS DAYS	(Month, Day, Year) 8-24-190		ima, Ohio				
	9e. FACILITY NAME (If not institution, give str	eet and number)	141	ATH	9c. COUNTY C						
DIRECTOR	GREATER BALTIMORE	MEDICAL CEN	TER	TOWSO	N	<u>.</u>	BALTI	MORE			
REC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION		10d. INSIDE CITY				
	Maryland Princ	e George's	Ну	attsvil:	le		1 🖹 YE				
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN (F WHAT COUNTRY?			
H	6732 Parkwood Str	eet			20784		U.S.	Α.			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No- 14. R	ACE — American Indian, llack, White, atc.			
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES				pecify:			
	15. OECEDENT'S EDUC	Tion						White			
3	(Specify only highest grade of	ompleted)	(Give kind of wo life. Do NOT use	ork done during mos	N st of working	16b. KIND OF BU	SINESS/INDUSTR	Υ			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Housewi			Own H	OMA				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16 MOTHED'S NA	ME (First, Middle, Maiden					
Ö	Hallie W. Cook				Nell		Sumeme				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street a)		Route Number, City or Tow	m State Zin Code				
2	Faxon W. Cook					e., Owings					
	20e. METHOD OF OISPOSITION 1 ☐ Burlel 2 🗵 Cremetion 3 ☐ Remon	206.	PLACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c.10	CATION - City o				
	4 Donation 5 Other (Specify)	rel from State cem	etery, crematory or othe etropolit	er place) Can Crem	atory 4/	8/93 Al	exandri	a, Virginia			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY Francis Gasch's Sons Funeral Home										
	► (leacher f.	BODA_	-								
\neg	23. PART I. Enter the diseeses, or co	mplicetione thet/caused	the deeth. Do no	1 4 7 3 9 J	Baltimor	e Ave. Hya	ttsvill	e. MD 20781			
	shock, or heart fellure. L	let only one ceuse on e	och line.	a cincil the mo	se or dying, such	r as caldiec or lesp	iratory arrest,	Approximete Interval Between Onset and Death			
	diseese or condition RESPIRATORY FAILURE										
	resulting in death)		Double								
_	DUE TO (OR AS A CONSEQUENCE OF): GASTROINTESTINAL BLEEDING										
2	Sequentielly list conditions, DUF TO (OR AS A CONSEQUENCE OD)										
S	ff any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (DISEASE (D										
	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):			J Javill	c 43				
CERTIFICATION	d.					91	2112				
AL C	PART ii. Other significent conditions	contributing to death be	ut not resulting in	the underlying	ceuse given in	Pert I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
2	HYPO	MT/ROIDIS	M		ACCUSED NO.	PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 _ YES 2	□ NO	OF DEATH?			
2						_		1 YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Che	ack only one)					
Sic		HOSPITAL:		OTHER:	5 🗆 Residence	6 Other (Specify)					
ž	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJL	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED)			
BY F	1 Natural 5 Pending 2 Accident Investigation	(moran, bay, rear)	INJU		ES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, atr	eet, fectory, office		261. LOCATION (Street of City or Town, State)	and Number or Ru	ral Route Number,			
1	4 Homicide detarmined			_		City or lown, state)					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	edge, death occurred	at the time, data	and pleca, end due	to the cause(e) end men	nner ee stated.				
OM	one) 2 MEDICAL EXAMINER	On the back-of examination	and/or investigation,	In my opinion, da	ath occured at the	time, date end place, en	d due to the cou	se(e) end manner ee stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIED	1 1			29c. LICENSE NUM	IBER	29d, DATE SIGN	IEO (Month, Day, Year)			
O BE	John &	1 Jan	~	2	DS.	294	D 4	-5-93			
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEL	TH (ITEM 27) (Type, P	Print)	20 P	SALT MI	0 2	1217			
71	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	1000	1-7	71-1					
	APR 0 8 199	B Gulia Da	widson-Rand	lall							



BALTIMORE, MARYLAND 21215-0020	VSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	, or removal.	and the formal section of the section of the section of
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE NOSTITE OR AT ENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MADONIALITY IS have not been 32 above our laters or abbas decreased the medical security as a section of the se

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEI						
1	1. DECEDENT'S NAME (First, Middle, Last)			77-1-1		2. DATE OF DEATH		3. TI	ME OF DEATH			
	Ellyn	V.	Che	eslev			DAY R 1	YEAR 93	11:00A M			
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	. BIRTHPLACE	E (State or Foreign			
	238-22-2390		74 YRS.	MONTHS DAYS	HOURS MIN.	8-22-18	3	Country)	inois			
1	96. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH											
DIRECTOR	11001 Mariner Drive Ft. Washington Prince RESIDENCE OF DECEDENT 100 COUNTY 100 COLUMN											
뿐	10a. STATE 10b. COUNTY		10c. CFT	Y, TOWN OR LOCA	TION			10d.	INSIDE CITY LIMITS?			
	Md. Princ	e George's	F	t. Wasl		<u></u>		1 🗆	YES 2 NO			
FUNERAL	100. STREET AND NUMBER			10	f. ZIP CODE		-	EN OF WHAT				
Ä	11001 Mariner	Drive 12. WAS DECEDENT EVER IN			20744			ed St				
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No- 1	4. RACE — Ar Black, White	nerican Indian, a, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 TYES	2 X NO Spec	lly:		Specify:	White			
8	15. DECEOENT'S EDUCA	TION	16a. OECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BI	JSINESS/INDU	STRY	***************************************			
Ē	(Specify only highest grade co	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	ost of working	VIII-1882-2892						
A A	12	4	Home	emaker		Own	Home					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			Y	18. MOTHER'S N	AME (First, Middle, Maide						
101	Arno Viehoever				Mab	el E. Joh	nnson					
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rura	Route Number, City or To	wn, State, Zip C	Code)				
F	John W. Chesley	Jr.		Same	as 10a	10f.						
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 🔀 Cremation 3 ☐ Remove			OF DISPOSITION (No			OCATION — CI	ty or Town, St	ets			
. 1	4 Donation 5 Other (Specify)		tary, crematory or o	comptor	v 4-2	-93 C	Linto	n Md				
	21. SIGNATURE OF FUNERAL SESSUE LICEN	KSEE		22. NAME AI	ND ADDRESS OF F	exander	unera	1 Hom	e.Inc			
	10 Spolen	_		0633	OTG YT	.exander	Ferry	Road	i			
-	23. PART i. Enter the diseeses, or co	mplications that coused	the deeth. Do		EOD.⊮Id.	20/15			Approximata			
	shock, or heert failure. Li	st only one ceuse on each	ch ilne.						Interval Between			
1 1	iMMEDIATE CAUSE (Final disease or condition resulting in death)											
1	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE O	F):								
z		0						į				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):								
S	CAUSE (Disease or injury											
E	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE O	F):								
H	d.											
AL CI	PART ii. Other aignificant conditions	contributing to deeth bu	t not resulting	in the underlying	g cause given in	Part I. 24s. WAS A	N AUTOPSY	24h WERE	AUTOPSY FINDINGS			
						PERFO	RMED?	AWAIL	ABLE PRIOR TO LETION OF CAUSE			
MEDIC						1 TYES	2 NO	OF DI	EATH?			
∑						—		1 0	YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 DI	ACE OF DEATH (C	hack only one)						
S		HOSPITAL:	tions 2 🗆 DOS	OTHER:								
Ĭ	27. MANNER OF DEATH	26s. OATE OF INJURY	28b. TIM			6 Other (Specify)	INJURY OCCU	BED.				
	1 Natural 5 Pending	(Month, Day, Year)	IN.	URY WO	PRK?			nie D				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY -	- At home, farm,			201. LOCATION (Street	and Number of	Rumi Route N	lumber			
	4 Homicide determined	building, etc. (Specif	(y)			City or Town, State		10000	, arriver,			
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the heat of my try	dan dant :	4.44.7		11						
§	(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my knowle	AY D.CART.	USAE MC	and place, and du	e to the cause(s) and mi	nner as stated	li	GLorida (GARA)			
		23204	18541 AFSO 9	386			nu due 10 the	cause(s) and (manner as stated.			
8	29b. SIGNATURE AND TITLE OF CERTIFIER	GENERAL	INTERNAL M GROW USAF	MED CTR	29c. LICENSE NU		29d. DATE S	SIGNED (Month	h, Day, Year)			
2	20 NAME AND ADDRESS OF SERVICE	2 7 1 1 1			D42187	MD	31	MAR 9	3			
	30. NAME AND ADORESS OF PERSON WHO	-UMPLETED GAUSE OF OEAT	т н (ITEM 27) <i>(Тур</i> е	Print)		,			/			
	31. DATE FILED (Month, Day, Year)	22 DECEMBRADES OF	Time 1-									
	APR.0 6 1993	32. REGISTBAR'S SIGNAT	lson-Rand	الال								
		()										

SU MAY TOUT IN YOU A ZIMM

3. TIME OF DEATH

10d. INSIDE CITY

White

Approximate

1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

3-31-93

Onset and Death

244. 9mo

1 TES 2 NO

12:20 P M

1 - FOR STATE REGISTRAR

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APRO 6 1993

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH WONTH John Lawrence Craze 0.3 93 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. lest birthdey IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 220-40-0886 50 DAYS HOURS 1 KWM 2 □ E Maryland YRS 12-27-4 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2721 Overdale Place DIRECTOR Forestville Prince George's burial-transit permit. Pages 1, 2, 3 RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Forestville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10s. CITIZEN OF WHAT COUNTRY? 2721 Overdale Place 20747 U. S. of A. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. If yes, specify Cuba 1 Never Married 2 Married Specify BY 3 Widowed 4 Divorced page 5 should be detached for use as the COMPLETED 18a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Library of Congress College (1-4 or 5+) Elementary/Secondary (0-12) Draftsman U. S. Government 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Mildred E. Zarger notified at Lawrence John Craze BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard D. Craze 37 Heritage Square, Harper's Ferry, WVa. 25425 9 20a. METHOD OF DISPOSITION
1 Gurlal 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must by the funeral director, removal. ce Teles crecing the tory Clinton, Maryland 4 Donation 5 Other (Specify) 3-31-93 examiner 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SEBVICE 6633 Old Alexander Ferry Rd., Clinton, Md. medical filled in by ti 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final and completely fille burial, cremation. the disease or condition_ hade III Atto Cytana of the Brain Due to (or as a consequence of): within resulting in death) event, executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician a Dept. of Health and Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 6 Injury, MEDICAL PART ii. Other significent conditions contributing to deeth but not requiting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY shows any 1 | YES 250 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate his Hell HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TES 2 NO 4 🗌 Nurs ng Home 5 Residence 6 🗆 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked 1 Natural 5 Pending Investigation 1 YES 2 ND 美龍 BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) . 3 Suicide 6 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. THE HOSE TO THE FUNE MERITANT:

Kai Yiu Yeung, M.D., 8926 Woodyard Road, Clinton, Maryland

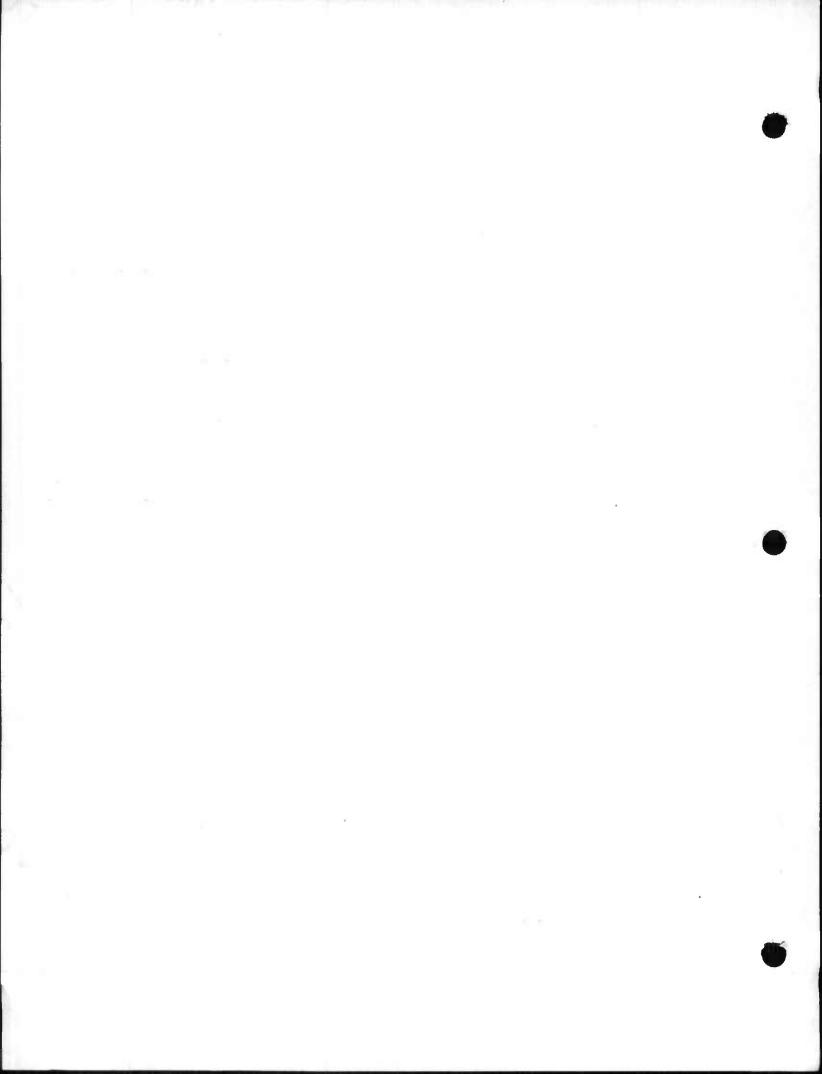
32. REGISTRAPS SIGNATURE Pandall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

29c. LICENSE NUMBER

D (7130



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	DR ATTENDING PHYSICIAN: The law requires that the death certificate	Error precious wher this certificate has been signed by the attending physici
r	SPITE	0 1
	SPIT	TEN PER

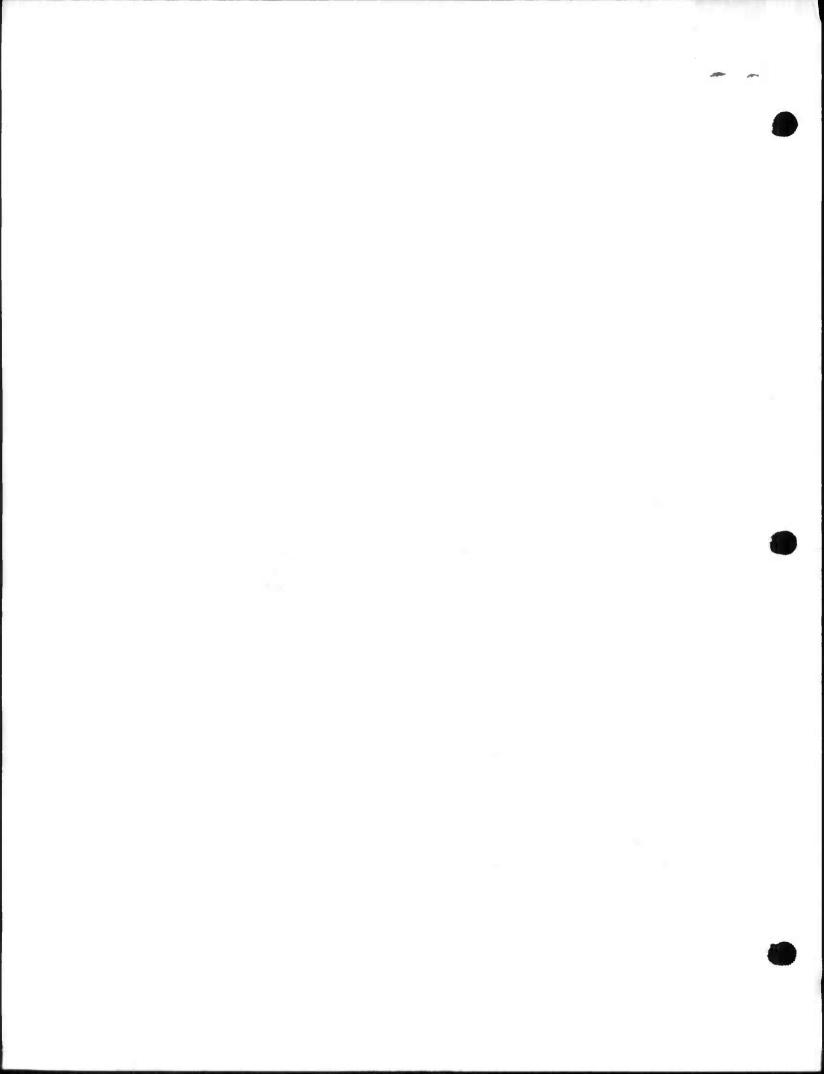
SPIN CHATTENING PHYSICIAN: The law requires that the death certificate be executed within . The continued of the hospital or attending physician.	VET LOCKTION A per this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hin men and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	VT if we 22 of marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSP IN	TO THE FUNE	be filed within The	IMPORTANT II

_												93	3 119	992
	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN	E			
	1. OECEDENT'S NAME (First, Middle, Last) CHARLIE			NIEL			ROLL			RIL 13	199	3 ^{YEAR}	3. TIME OF OEAT 6:55 P	'H M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. last	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. OATE (Mon	ATE OF BIRTH Month, Day, Year) AN . 29, 1957		8. BIRTH Country MAR	PLACE (State or Fo	reign
	219-74-0727 9e. FACILITY NAME (If not institution, give str	21	30		9b. CITY	, TOWN O	R LOCATIO	ON OF DE						
DIRECTOR	PHYSICIANS MEMOR	IAL HOSP	ITAL		LA	PLA	TA				СНА	RLES		
[[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCATI	ION						10d. INSIDE CITY	,
	MARYLAND CHAF	RLES		NA	NJEM	OY							1 YES 2 K	
FUNERAL	100. STREET AND NUMBER ROUTE #6 95E						2066						TATES	
ONE	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED		WAS DECI	ENDENT O	F HISPAN		N? (Specify Yes		14. RACE	- American Indi	en,
BY FI	Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NAR OR DATES	10		If yes, spe				Ricen, etc.)		Speci	White, etc.	
	15. DECEDENT'S EDUC	ATION	16a, DE	CEOENT'S	USUAL O	CCUPATIO	N		18	b. KIND OF BUS	INESS/IND	DUSTRY	DEFICIO	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(Gi	ive kind of Do NOT u	work done se retired.)	during mos	at of working	ng						
MPL	12TH GRADE	NONE	STU	DENT						PRIVA	TE S	CHOO	L	
	17. FATHER'S NAME (First, Middle, Linst) WALTER SAMUEL CARI	POTT				- 1				Middle, Meiden ON CARR				
BE	190. INFORMANT'S NAME (Type/Print)	COLL	198	b. MAILING	ADDRES	B (Street ar	-			nber, City or Town		Code)		
일	WALTER CARROLL JR	b								JEMOY,			20662	
	20a. METHOD OF DISPOSITION \$\int \text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	val trom State	20b. PLACE other pla						CEM		93 G		wn, Stata ON, MAR'	YLAN
	21. SIGNATURE OF FUNERAL SERVICE LICE	con John	John	201		ORNT		11111111111		L HOME.	POM	ONKE	Y, MARY	LAND
	shock, or heart fellure. List only one ceuse on each line.										Approxim Interval B Onset and	etween		
	resulting in death)	DUE TO (OR AS A DONSECTORNCE OF)												
NO O	Sequentially list conditions,	FOUE TO	OR AS ARONSES	DUENCETO	M	1		1	An	\sim				
ERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	if sny, leading to immediate cause. Enter UNDERLYING												
THE	that initiated events resulting in death) LAST	DUE TO	IOH AS CONSEC	DUENCE O	F):									
CER	L													
SAL	PART II. Other significant conditions	contributing to	death but not r	resulting	in the u	nderlying	cause	given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF	TO
PHYSICIAN: MEDICAL										1 TYES 2	□ NO		OF DEATH?	
Σ.														
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		OTHE		ACE OF 0	EATH (Ch	eck only o	one)				
IYSI	1 TYES 2 NO	1 Inpetient 2	ER/Outpatient 3		4 🗆 Nu	raing Hom		eeldence		ner (Specify)		A INFO		
	1 Natural 5 Pending	(Month, D	ay, Ybar)	28b, Till IN	JURY M		RK?	□ NO	286. Di	EŞCRIBE HOW I	NJURY OC	CURED		
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE O building,	F INJURY — At ho	ome, farm,	street, fac	tory, office	E		28t. LO	CATION (Street i y or Town, State)	and Numbe	or or Rural i	Route Number,	
COMPLET	29e. CERTIFIER CERTIFYING PHYSIC	ZIAN: To the best of	my knowledge, de	orth occup	pel et the	time, date	end place	, end due	to the c	euse(e) end mar	nner as sta	rted.		
MOC	MEDICAL EXAMINER	R: On the basic of e	Commention and/or	trophigati	on, in my	opinion, d	eath occu	red at the	time, da	te end place, en	d due to t	he ceuse(end manner as i	stated.
BE	295. SIGNATURE AND TITLE OF CONTIPIER	+ 100	Low	1		Y	29c LIC	ENSE NUI	WBER	cı	29d. DAT	TE SIGNED	(Month, Day, Year)	3
2														

31. DATE FILEO (Morrit, Day, Year)

APR 1 5 '93

32. REGISTRAR'S SIGNATURE
Sulia Davidson Randelle



	In The SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	fetache	The nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It ltem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	ecute	and co	burial	atic
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	th cer	ending	II Hygi	0 10
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	uires	signe	Healt	WS 3
	IW req	been:	pt. of	3 she
	The la	te has	nte De	9ш 2
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	PHYSII	this co	with 1	ked.
	DING	After	death	в ша
	ITEN	310R:	after	28 Is
	OR A	DIREC	hours	Item
	PITAL	ERAL	F 72	
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	FOR 1 - STATE REGISTRAR				CERTI	FICATE	OF	DEA		MEN	ITAL HYGIEN	E 9	3	11993	
	1. DECEDENT'S NAME (First	n E.	Corde	WILL	IAM ED	WARD (Č		43	YEAR	6.12 P	м
	223-30-2	yrs. lest birthde YRS	St birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.					(Month, Day, Year) O Country)			hiaan				
OR	Stella Ma		1	and the same of th	SO (ION OF DE	EATH			TY OF DEA					
DIRECTOR	RESIDENCE OF DE	10b. COUNT	Υ		10c. (ATY, TOWN C				_				0d. INSIDE CITY	=
	Maryland	Har	ford			erdee								LIMITS?	
FUNERAL	10e. STREET AND NUMBER						101	f. ZIP COE	DE			10g. CITIZ		AT COUNTRY?	
JNE	175 Darlir	ngton 1	AVE	T EVER IN (I	IS ARMED	12.1	MAC DEC		001	#0.0F	RIGIN? (Specify Yea		USA		
BY FL	1 Never Married 2 🔯	and the second second	FORCES? 1 IF YES, GIVE W	AR OR OATE	2 NO		f yes, sp	ecify Cub		in, Pue	rto Rican, etc.)	or No-	Black, \ Specify:	- American Indian, White, etc.	
	3 Widowed 4 Div	CEDENT'S EDU	1945-1	1	6s. DECEDENT								Whit		_
ETE		ly highest grade			(Give kind	of work done of use retired.)	during mo	ost of work	ing		16b. KIND OF BUS	BINESS/INDU	ISTRY		
COMPLETED	7				Machir	ist					U.S.	Gove	rnmer	nt	
BE CO	17. FATHER'S NAME (First, M William E.	Corde	er					16. MOT			rst, Middle, Maiden Mary Da				
2	William E.		Tr								Number, City or Town		Code)		
	20a. METHOD OF DISPOSIT	ION		20b. PI	LACEANDDAT				allsi	-		21047 CATION — C	ity or Town	Photo	_
	1 Surlei 2 Crematic 4 Donation 6 Other		oval from State	cemete Be	ery, crematory o	Memor	ial	Gard	dens	- 1				Maryland	
	21. SIGNATURE OF FUNERA	006	(101.0	on	est	- Ho	ward	ik.	MCCC	oma	s III Fi	mera1	Hom	P. P.A.	
- 1	23. PART I. Enter the d	iseases, or o	complications that List only one cau	caused the	he death. Do	not anter	tha mo	de of dy	ring, suc	h ss	cardiac or reapi	ratory arre	st,	21009 Approximate	
	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nel	. Meta	stat	ic E	sop	had	geal	Ca	300	cer			Interval Between Onset and Dear	
_			DUE TO	(OR AS A CO	ONSEQUENCE	OF):									
CERTIFICATION	Sequentially list condit if any, leading to imme	diate	OUE TO	OR AS A CO	ONSEQUENCE	OF):									
	CAUSE (Disease or injuthat initiated events		c. OUE TO	OR AS A CO	ONSEQUENCE	OF):									
HH	resulting in death) LAS	т	d												
_]	PART II. Other significa	nt condition	s contributing to	death but	not resultin	In the un	darlying	Causa	given in	Part i	. 24a, WAS AN	AUTOPSY	24h W	ERE AUTOPSY FINDING	-
MEDICA								7.17h H-1.	-		PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE	
					_									F DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL		/			20 20								
SICI	EXAMINERY 1 VES 2 NO		HOSPITAL:	ERIOUSHIN	eng 3 🗆 DOA	OTHER 4 D Nurs	i:		DEATH (Ch		Other (Specify)	lospi	Ce.		_
PH	27. MANNER OF DEATH		28a. DATE OF I	INJURY /		IME OF	28c, INJ			_	DESCRIBE HOW IN				_
B⊀	2 Accident	Pending Investigation	29a, PLACE OF	naturary	At home feet	w		YES 2] NO						
COMPLETED		Could not be determined	building, e	(Specify)	AL HARING, SHITE	, street, tacac	ну, опас	•		281. 1	LOCATION (Street a City or Town, State)	nd Number o	r Rural Rou	te Number,	
PLE	294. CERTIFIER 1 CERT	TIFYING PHYSI	CIAN: To the beds of	knowledg	ge, death occu	rred at the ti	me, deta	and place	, end dva	to the	cause(s) end man	ner sa stelec	1.		_
COM	orey 2 MEDI	ICAL EXAMINE	R: On the basis offer	amination	dis Investiga	tion, in my o	olnion, d	eath occu	red at the	time, c	data and place, and	dus to the	cause(a) e	nd manner as stated.	
BE	29b. SIGNATURE AND TITLE	OF CENTIFIER						29c. 10	ENSE NUM	BER	-	29d. DATE	SIGNED (M	93	
10	30. NAME AND ADDRESS	FERRION WHI	O COMPLETED CAUS		2 3		e) w	Jan.	25	Vs	May K	d	212	04.	
	31. DATE FILED (Month, Day)	ther)	32. REGISTRA	R'S SIGNATU	URE			- (_	t				_
- 1	ADD 1 (1	203	10. K	100	Mande B										

OHMH-16 Rav 1/89

Julia Saindona Rando 10 32. REGISTRAR'S SIGNATURE

OX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mentali Hygiene prior to buriat, cremation, or removal.	or item 23 shows any injury or other traumatic event, the medical examiner must be notified at ence
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other

	1. DECEDENT'S NAME (First								2. DATE OF				3. TIME OF DEATH
	AURALIE	(NN	IN) CR	EAMER					MONTH 03	2		YEAR	1810 M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEA			7. DATE OF E	HTRIE		S. BIRTH	IPLACE (State or Foreign
	215-26-8689	9	1 🗆 M 2/5/F	59	YRS.	MONTHS DAY	HOURS	MIN.	(Month, Da 08/13	/193	3	Countr	of Rocks MD
	9a. FACILITY NAME (If not in	stitution, give a	street and number)			96. CITY, TOW	N OR LOCATI	ON OF DE		,	9c. COUN		
DIRECTOR	3702 Comme		•			Poir	t of	Rocks	S		Fr	ede:	rick
ᇤᅵ	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
8	Maryland	F	rederick			oint of		G					LIMITS?
	10e. STREET AND NUMBER		LCGCI ICA		1 1		10f. ZIP COD				10a, CITIZ	ZEN OF W	INO 2 □ NO VHAT COUNTRY?
FUNERAL	3702 Comme	ce St	reet				2	1777			USA		
3	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	RMED	13. WAS (ECENDENT (OF NISPAN	IC ORIGIN? (S	pecify Yes		14. RACE	- American Indian,
BY F	1 Never Married 2 3 Widowed 4 XXDivo			MAR OR DATES	NO		specify Cubs		n, Puerto Ricar	n, etc.)		Speci	k, White, etc.
													White
	(Specify onl	EDENT'S EDU y highest grade	CATION completed)	16a, C	Give kind of	USUAL OCCUPA work done during se retired.)	TION most of world	ng	16b. KIN	ID OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (t	1-12)	College (1-4 or 8	+)		sing Ac			0	n Am	Stee1	i	
5	17. FATHER'S NAME (First, M	liddle Lest)		1 1	ar Ciia	sing Ag		UEDIO MAL	ME (First, Middl				
	Harry G. M								et Bar			er	
BE	19a. INFORMANT'S NAME (1	9b. MAILING	ADDRESS (Stre							
임	Betsv L. Sh	nankle				Orndorf							
	20a, METHOD OF DISPOSIT		and top Ctute	20b. PLACE	EANDDATE	OF DISPOSITION	(Nama of		DATE		CATION (wn, State
ı	4 Donation 8 D Other	(Specify)		St.	Paul Paul	ther place) S Cemet	ery	3	3/29	Pt.	of F	Rocks	s, MD
	21. SIGNATURE OF FUNDA	L SERVICE LIC	CENSEE	111.			AND ADDRE						
	Barbara	A. Wi	lliams,	Owner	~				ams Fu				MD 21716
	23. PART I. Enter the d	Iseasea, or o	complications the	t ceueed the c	leeth. Do r	Dt enter the	node of dy	ing, such	as Cerdiac	or reapi	ratory arm	est,	Approximate
	IMMEDIATE CAUSE (Fir		List only one cau	ise Dn eech lir	16.								Onset end Death
	disease or condition		ARTER	IDSCIE	RATIO	CAR	DIDIO	4500	I AR	Dis	EARE		Chiact ond Death
	resulting in death)	•		(OR AS A CONS			D10 \$1	200	47	3.3.	1132		
Z	O		b										
	Sequentially list condit- if any, leading to imme	diate	DUE TO	(OR AS A CONSI	EOUENCE O	F):							
RTIFICATION	CAUSE (Disease or inju		c	(OR AS A CONSI	EQUENCE OF	n.						_	
	thet initiated events reaulting in death) LAS	т	502 10	(On As A CONSI	ECOENCE O	-).							
8			d										1
A	PART II. Other aignifica	nt condition	a contributing to	deeth but not	recuiting	n the underly	ing ceuse	given in F	Part I. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
EDICAL	-								10	YES 2	K NO		COMPLETION OF CAUSE OF DEATH?
ž									_				1 [] YES 2 [] NO
Ž	or was over persons a												
3	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HOSPITAL:	35.		OTHER:	PLACE OF D	EATH (Che	ck only one)				
2	1 YES 2 NO		1 Inpetiant 2 I		3 DOA 28b. TIM	4 Nursing H	oma 5 1 Re						
BY PHYSICIAN:	1 Natural 5	Pending	(Month, E		INJ	URY	WORK?		28d. DESCRIE	SE HOW IP	JURY OCC	URED	
_	2 Culate	Investigation	28e. PLACE C	F INJURY — At h	ome, ferm, r			110	28f. LOCATIO	N (Streat o	nd Mumber	or Burni S	Produ Mombae
		Could not be determined	building,	etc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or To	wn, State)	ING IVENTION	or nurer n	COLO NUMBER,
۲	29a. CERTIFIER	IEVINO PHYSI	CIAN: To the heet of		to oth consum	4 - 4 15 - 15 - 1							
COMPLETED			CIAN: To the best of R: On the besis of a) and manner as stated.
	29b STONATURE AND TITLE					THE INTERPOLATION	_			preca, arx			
n n	Robert R	RK	state "	nD.				98			29d. DATE	SIGNED 2	(Month, Day, Year)
2			over.				7	10	01		- 0	21.	46173
- 1	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)							
	30. NAME AND ADDRESS OF	FRTS	O COMPLETED CAU	SE OF DEATH (IT)	EM 27) (Type,	Fred .	rick	M	10/ 2	170	1-4	59	9
	RRRROB	FRTS	MD /	SE OF DEATH (IT) SW 77 AR'S SIGNATURE	EM 27) (Type,	Fred	erick	M	14 2	170	1-4	59	9
		FRTS	32. REGISTRA	5W 77	354	Fred	erick	M	14 2	170	1-4	59	9

ASKEDNI JAMA J BIRINGH

현기에 가는 다른 것은 이 사이트 그리아 있다. 그러운 문안사

2 4

> Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

6:23 Pm

	1. DECEDENT'S NAME (First, Middle, La	st)				F DEATH	REG. N	0.	3. TIME OF DEATH
1	George Cart	7.	orge	E. CA	RTER		MONTH Mai'. 2	PAY 199	AR
34	4. SOCIAL SECURITY NUMBER 218-07-6586		6. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) July 13,	0.6	HRTHPLACE (State or Foreign ountry) Maryland
	9a. FACILITY NAME (If not institution, give	re street and number)			9b. CITY, TOW	N OR LOCATION OF		9c. COUNTY	
TOF	Montgomery	General 1	Hospi	tal	Oln	еу		Mont	gomery
DIRECTOR	Maryland M	ontgomery	1	10e. CIT	y, town on lo Dam	CATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO-
FUNERAL	100. STREET AND NUMBER 25723 Wood	field Rd.	4			101. ZIP CODE 20872		10g. CITIZEN	OF WHAT COUNTRY? USA
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2/	ARMED THO	If yes,		ANIC ORIGIN? (Specify 1 can, Puerte Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:Black
PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)			Give kind of the Do NOT u	USUAL OCCUPY work done during be retired.)	NTION most of working		USINESS/INDUST	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) Charles	Henry Cart	er	Oust	oulan		IAME (First, Middle, Meide rtle Irene	on Surname)	re democts
TO B	196. INFORMANT'S NAME (Type/Print) Catherine Genev	ieve Carte					N Route Number, City or R Damascus		
	20a. METHOD OF DISPOSITION 1 IX Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACI	emalor of o	of Disposition	Name of netery 3/2	27/93 20c. L	ocation — chy Damascus	
	21. SIGNATURE OF FUNERAL SERVICE Clin L	M olean	ath	٥	01		lesworth, e Rd., Dama		d. 20872
	23. PART I. Enter the diseases, of shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Can	caused the ce on each life	An	not enter the i	mode of dyling, su	ch as cardiac or res	piratory arrest,	Approximate Interval Betwee Onset and Dec
	Sequentially list conditions, if any, leading to immediate	Ante DUE TO E	MAS A COMS	e de	Cond	overseel	mily s	sort.	
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a Lola	lip	and	troples	ted	sep wound	Lenfact	en
DICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	. tola	Phip	and	troples	Edd	PERF	IN AUTOPSY DRMED? 2)() NO	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	. tola	Phip	and	troples	ted	n Part I. 24a, WAS A PERFE	ORMED?	MAILABLE PRIOR TO
MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit	d total	Phip	and	In the underly	ring couse given I	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 NO	HOSPITAL:	leeth but not	resulting	In the underly 28. OTHER: 4 □ Nursing H	PLACE OF DEATH (C	PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1) Ampattent 2 28a. DATE OF II	leeth but not	resulting 3 □ DOA 28b. TiM	26. OTHER: 4 Nursing H	PLACE OF DEATH (Common 5 Residence INJURY AT WORK?	PERFO	DRMED?	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL C	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1) Inpetion 2 0 28e. PLACE OF building, e	leeth but not	resulting	26. OTHER: 4 Nursing H	PLACE OF DEATH (Come 5 Residence INJURY AT WORK?	PERFO	ORMED? 2 NO VINJURY OCCURE It and Number or Ri	MAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) MAR 2 9 1993

D12578

Charles F. Mess, M.D. 18111 Prince Philip Drive, Olney, Maryland

32. REGISTRAR'S SIGNATURE PANDER

3/25/93

1 -

ilfo.

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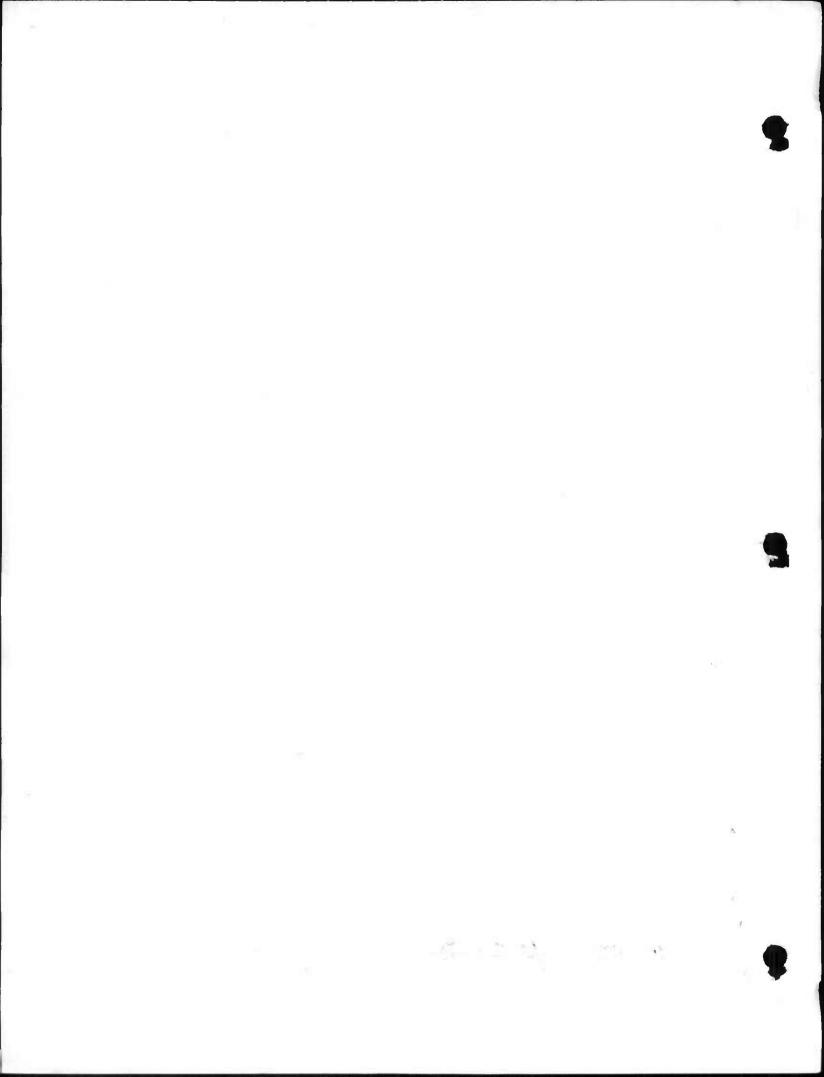
	death.	
	after	
Ì	24 hours	
	within !	
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	The	
	PHYSICIAN:	
	TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death.	
	DR	
	AL	

TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH	ITAL HYGIENE REG. NO.
ECEDENT'S NAME (First Middle Leat)		

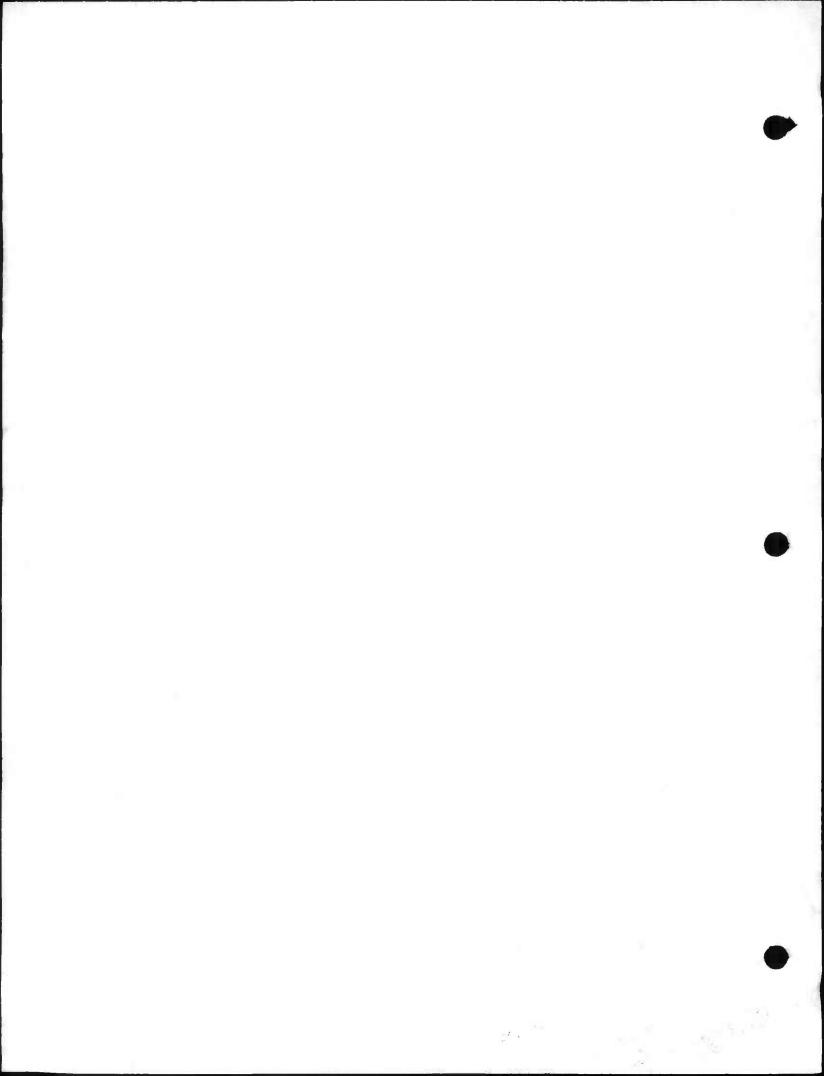
	1. DECEDENT'S NAME (First									2. DATE OF DEA			3. TIME OF DEATH
	Walter	I	loyd	Clark						April 7	, ¶993	YEAR	1:05 P M
	4. SOCIAL SECURITY NUME	550	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRT	H	6. BIRTH	IPLACE (State or Foreign
	162-18-7204		1 🖾 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	10/26/1	918	Apo	Öllo, PA
-	9a. FACILITY NAME (If not in		treet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF O	EATH
DIRECTOR	12 Park Lan					E	1kt	on				Ceci]	
2	RESIDENCE OF DEC	10b. COUNTY	,		10c. CITY	, TOWN C	R LOCAT	ION					104 INSIDE CITY
8	Maryland	Ce	cil			E1kt							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	10e. STREET AND NUMBER							. ZIP CODI			10g. CI	TIZEN OF V	WHAT COUNTRY?
FUNERAL	12 Park Lan	e					1	2192	2.1			U.S.	
5	11. MARITAL STATUS			T EVER IN U.S. AR						IIC ORIGIN? (Speci		14. RACE	- American Indian,
BYF	1 Never Married 2 24 3 Widowed 4 Divo		IF YES, GIVE Y	YES 2 1	10			ecify Cube 2 T NO		n, Puerto Rican, et	c.)		white, etc.
			WW II										
COMPLETED	(Specify onl	EDENT'S EDU	completed)	(G	CEDENT'S we kind of w Do NOT us	rork done	during mo	ON at of workin	g	18b. KIND O	F BUSINESS/II	IDUSTRY	
7	Elementary/Secondary (0)-12)	N/A	+)	Carp		r				Bui1	ding	
NO	17. FATHER'S NAME (First, M	liddle, Last)	14/11		Oarp	CIICC	1	18. MOTI	HER'S NA	ME (First, Middle, M			
Ö	Charles		Clark							Meliss			
BE (19a. INFORMANT'S NAME (194	. MAILING	ADDRESS	(Street a			Route Number, City			
2	Carolyn A.	Clark			l2 Pa	rk L	ane	E1k	ton,	MD 21	921		
	20a. METHOD OF DISPOSIT		mal from State	20b. PLACE			ITION (Na	me of		DATE 20	c. LOCATION -	- City or To	wn, State
	4 Donation 5 Other	(Specify)		Nort	n Eas	t Me				4/14	North	East,	MD
- 1	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSER	4				D ADDRE		Home			
	Mober	* +.	CLOTA	10/							Nort	h Eas	st, MD 21901
	23. PART I. Enter the d	iseases, or o	omplications the	t caused the de	ath. Do n								Approximate
	IMMEDIATE CAUSE (Fir		List only one cau			,							interval Between Onset and Death
	disease or condition resulting in death)	\rightarrow	Cong	estive V	Cearl	-ku	leir	6					İ
	The state of the state of		DUE TO	COR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A C	DUENCE OF): /	2						
N	Sequentially list condit	ions.	Lon Lon	onary	arle	ny	1)18	Rase					
F	if any, leading to imme	diate	A	CON AS A CONSEC	QUENCE OF):							i
은	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONSEC	DUENCE OF):							
CERTIFICATION	resulting in death) LAS	т											
2	PART II Other election	ant condition		de all beer and									
MEDICAL	PART II. Other algolifica	int condition	s contributing to	death but not r	esulting i	n the un	deriying) cause (jiven in	Part I. 24a. W	AS AN AUTOPS\ RFORMED?	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă		-								1 U Y	ES XX NO		OF DEATH?
										-			1 TYES 2 NO
AN	25. WAS CASE REFERRED TO	O MEDICAL					24 DI	ACE OF D	EATH (Ch.	anh amhr ann)			
<u> </u>	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ pos	OTHER	R:		4.277777	eck only one)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIM		28c. INJ		aldence	8 Other (Specify 28d, DESCRIBE)		CCURED	
		Pending Investigation	(Month, E	Day, Year)	ILMI	URY M	WO	RK? /ES 2 [NO				1
Э ВУ		Could not be	28e. PLACE C	OF INJURY — At ho	me, farm, s	treet, fact	ory, offici			281. LOCATION (S		er or Rural F	Route Number,
Ĭ		determined	Dunang,	etc. (Specify)					I	City or Town,	State)		
7 1	29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occurre	d at the t	me, date	and place.	and due	to the cause(a) an	d manner as at	ated.	
COMPLETED) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIER	X	0. /				29c. LICE	NSE NUN	(BER	29d. DA	TE SIGNED	(Month, Day, Year)
O BE		1	Jack	idus				Do	233	22	▶ .	4/8	193
٩	30. NAME AND ADDRESS OF	F PERSON WH	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Туре,	Print)			_		-	, 01	
	5 Sache	dev	1181	Jorth:	24	9 m	it e	31	3;	ElKtor	n, Ma	1.5	21921
	31. DATE FILED (Month, Day,	Year)	32, REGISTRA	AR'S SIGNATURE	02				1				
	APH U Y 'S	, ,	gue van	Monday	, C	>							





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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	HEGISTHAH		CE	CHILI	ICALE	UF	DEA	I H		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lost) Virginia I	oui s e (Chamber	s					2. DATE	il 1º	7,199		TIME OF DEATH 6:45Am.
	4. SOCIAL SECURITY NUMBER 221-26-9768	5. SEX 1 M 2 K F	6. AGE (In yrs. less	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (A O'L')	PERTH PAY	1942	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN C	OR LOCATI	ON OF DE	EATH		9c. COUNT	Y OF DEAT	
TOR	Union Hospita	11			E	kt	on M	ſd.			Cec	il_	
Ä	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN O	LOCAT	ION					10	d. INSIDE CITY
L DI	Maryland Cec	cil		I	Elkto		, ZIP COD				T 40 - CUTTE		LIMITS? YES 2 NO
FUNERAL DIRECTOR	#2 Tree Lane						2192	2.1			U.5	5 . A .	T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		TEVER IN U.S, ARI YES 2 ∑N WAR OR DATES		10	yes, sp	ENDENT Cooking Cuba 2 [X] NO	n, Mexica	in, Puerto R	(Specify Yer lean, etc.)	s or No—		American Indian, This, etc. White
9	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DE6	CEDENT'S	USUAL OC	CUPATIO	ON at of working	N7	16b.	KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	r) [work done done of retired.)		or works	9		Hous	ewife	<u>.</u>	
Š	17. FATHER'S NAME (First, Middle, Lest)				-		18. MOTI	HER'S NA	ME (First, M	iddle, Maiden	Sumame)		
BE (Byron Pyle							Pe	arl	Wils	on		
10	19a. INFORMANT'S NAME (Type/Print) Charles H. Cha	mbers	196	2 Tr	ee I	street a	nd Number	or Aural I	Route Numb	or, City or Tow Md .	n, State, Zip (21921	Code)	
	20s. METHOD OF DISPOSITION 1	LE CONTRACTOR DE LA CON	20b. PLACE A						DATE	20c. LO	CATION — C	ty or Town,	Stats
1	4 Donation 8 D Other (Specify)		S11V	ërbi	ther place) OOK	Cei	mete	ery	4-1	5-93	Wiln	ingt	ton Del.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					D ADDRE			0 2E	9 E.	Mad.	Ct
	Weller	floor			Ge	:e .	rune			Md.	y E.	Mali	1 50.
	23. PART I. Enter the diseases/or shock, or heart failure.	complications the	t caused the de	ath. Do i	not enter t	he mo	de of dyl	ng, suc	h aa card	ac or resp	Iratory arre	st,	Approximate
	IMMEDIATE CAUSE (Final				DIAC	11	n F	anc	7707	2			Interval Between Onset and Death
N N	Sequentially list conditions,	b. ARTUE. DUE TO	OS Clerc	OUENCE O	n: Ca	OK	OVI	9800	Com	dis	and.		
CERTIFICATION	cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEQ	UENCE O	F):								
F	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEQ	NUENCE O	F):								
ER	resulting in death) LAST	d											
0	PART II. Other aignificant condition	e contributing to	death but not re	esulting	in the unc	erlying	cause (given in	Part I.	24a. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
EDICAL				100						PERFOR		CC	MILABLE PRIOR TO IMPLETION OF CAUSE DEATH?
ME											jul	1	YES 2 NO
ż													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/		OTHER	_	ACE OF D	EATH (Ch	eck only one)	-		
ΥS	1 TES 2 NO 27. MANNER OF DEATH	1 Inpetient 2)	ER/Outpatient 3		4 🗆 Nurel	ng Hom		sidence	6 Other	1-1-1-77			
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, D	lay, Year)	26b. TIM	IURY M		HY AT RK? 'ES 2	NO	28d. DEŞ	TRIBE HOW I	NJURY OCCL	RED	
B	3 Suicide 6 Could not be determined	28s. PLACE 0 building,	F INJURY — At hor atc. (Specify)	me, farm, :	street, facto	ry, offici			28f. LOCA City o	TION (Street a Town, State)	and Number o	r Rural Rout	e Number,
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of e											nd manner as stated.
BE	296, SIGNATURE AND TITLE OF PERTURE	rev	y					1.858			29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED ON	SE OF DEATH (ITEN	1 27) (Type	Print)						- / /		
- 1	31. DATE IN CONTROL (NO.)	3 PRECESTIVA	IN'S SIGNATURE	1 00							_		

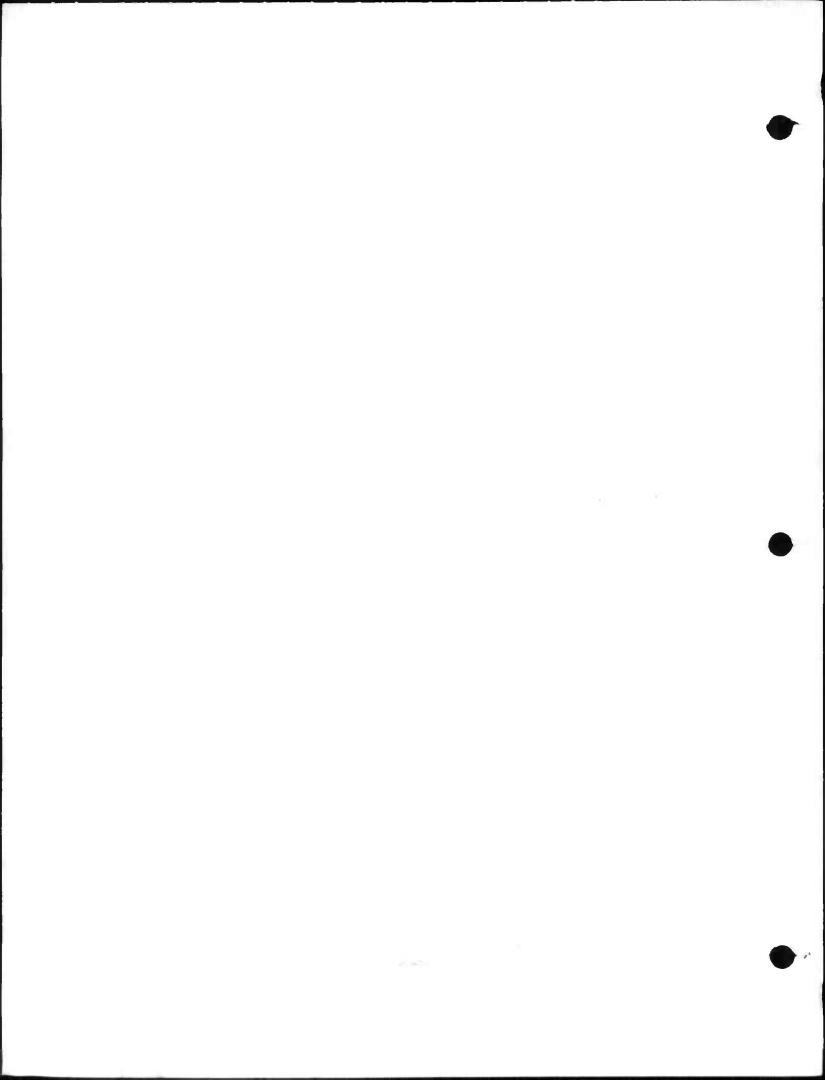


		FOR
1	_	STATE
•		REGISTRAR

	1 - STATE REGISTRAR	STATE OF	/ MARYLAND / Ce		RTMENT				MENTA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						DEA	1		OF DEATH		3.	TIME OF DEATH
	FREDERIC:	RICH	ARDS		CH	ILD	5		Mar			93	2:50a M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE	OF BURTH	1.0	7.7	ACE (State or Foreign
- 9	026-18-7221A	1 🕅 M 2 🗆 F	73	YRS.						7, 191	9 1	lass.	
~	sa. FACILITY NAME (If not institution, give s 209 Mulberry St							ON OF DE	ATH		9c. COUNTY		Н
DT.	RESIDENCE OF DECEDENT	reet			31	• [1]	chae	15			Talk)0 L	
DIRECTOR	10a, STATE 10b. COUNTY			10c. CIT	Y, TOWN O							10	d. INSIDE CITY
	Maryland Ta	1bot			St	. Mi	chae	15				1	LIMITS?
MAL	10e. STREET AND NUMBER					101	ZIP CODE				-		T COUNTRY?
FUNERAL	209 Mulberry						21	663			US	SA	
J.	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	MED	13. \	MAS DEC	ENDENT O	F HISPANI	C ORIGIN	17 (Specify Yes Rican, etc.)	or No.— 14.	RACE - Black, W	American Indian, hita, alc.
BY	3 Widowed 4 Divorced	WWII -			1	☐ YES	2 X NO	Specify:				Specify:	White
ED	15. DECEDENT'S EDU	CATION	18a. DE	CEDENT'S	USUAL OC	CUPATIO	N .		16b	. KIND OF BUS	INESS/INDUS	TRY	
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ho.	Do NOT us		furing mo	st of workin	g					
COMPLETED	12	2	Re	alts	tate					Broke	r		
8	17. FATHER'S NAME (First, Middle, Lest)									Widdle, Malden			
BE	Calvin Childs 19a. INFORMANT'S NAME (Type/Print)			_						Gallou	•		
2	Faith B. Childs		198	209	Mill be	(Street a ⊃∵∵∨	nd Number Str	or Rural Ri	ute Numb	or, City or Town	aels	MD	21663
	20a. METHOD OF DISPOSITION		20b. PLACE					-			CATION — City		
	1 Donation 5 Other (Specify)	oval from State	cemetery, crea	matory or o					362	Do	ver, D	elaw	are
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	0	1001	22. 1	NAME AN	D ADDRES	S OF FAC	HLITY	uneral H	James .		
	Determine ?	- 4			Ha	111115 12 S	on E. Talb	Leona at 9		uneral f ichaels,		1663	
	23. PART I. Enter the disesses, pr	complications the	t coused the de	sth. Do i	not enter	the mo	de of dyl	ng, such					Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Final	List Dnly Dne ceu	iee on eech line	_									Interval Between Onset and Death
	disesse or condition resulting in death)	a	aple	sk	~ (-u	ce	1	2			
	,	DUE TO	(OR/A) A CONSEC	DUENCE O	F):								
O	Sequentially list conditions,	b.	(OR AS A CONSEC	MIENOE O	-								
ATI	if sny, lesding to immediate cause. Enter UNDERLYING	DOE 10	ION NO A CONSEC	JUENCE U	r):								i
FIG	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEC	OUENCE O	F):								
CERTIFICATION	resulting in death) LAST	d											
Ö	PART II. Other elgoiffcint condition	s conflibutine to	deeth but not re	esulting	in the un	deriving	COLLOGO	lven in E	Part I	24a, WAS AN	umpey	DAL WE	RE AUTOPSY FINDINGS
CAL	Ken	V	Mur	-		activity mig	, 00000 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-11.1.	PERFOR	MED?	AM	AILABLE PRIOR TO MPLETION OF CAUSE
E									-	1 TYES 2	X40	OF	DEATH?
2									-			1 10	YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF D	EATH (Chec	ck only on	e)		L	
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER		5) Ra	sidence 8	3 🗆 Other	r (Specify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, D		28b. TIM	E OF JURY	28c. INJI WO			28d. DEŞ	CRIBE HOW IN	JURY OCCUR	ED	
B	2 Accident Investigation				М	1 🗌 Y	ES 2						
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE O building,	F INJURY — Al hor etc. (Specify)	me, farm,	street, facto	ery, office	1		281, LOCA City (ATION (Street a: or Town, State)	nd Number or i	Rurel Route	Number,
	29a. CERTIFIER			_									
COMPLETED	(Check only one) 1 CERTIFYING PHYSI (Check only one)	CIAN: To the best of											
	296. SIGNATURE AND TITALY OF CERTIFIER	The state of the s	Carrier arrows in	mestigatio	on, in my of	olnion, di				and place, and			
B	(INVI)	\sim		>			Z9C. LICE	ISE NUMI			29d. DATE SI	GNED (Me	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED CAU	DEATH (ITEN	1 27) (Type,	Print)		10	100	75		- 5	20	7)
	Terry Dietrich, M.D	Was	hington St	reet	- Eas	ton,	MD 2	1601					
	31. DATE FILED-MOPTH, PR 93		R'S SIGNAMENT										

i. insit permit. Pages 1, 2, 3 s
BALTIMORE, MARYLAND 21215-0020 Ifter death. Page 6 may be retained by the hospital or attending physician or the funeral director, page 5 should be detached for use as the burial-transoral.
BALTIMORE, MARYLAND 21215-0020 SIGNAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. The law requires that been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the latter of the latt
F VITAL RECORDS, P.O. BOX 68760, SICIAN: The law requires that the death certificate be executed within 24 nours after of certificate has been signed by the aftending physician and completely filled in by the in the State Dept. of Health and Mental Hyghere prior to brial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, E WATCH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host of the first perfect of the page 10 may be retained by the host of the first mits certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach than 22 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.
C THE SECOND OF

	***									93	199
	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /	DEPAR	TMENT O	F HEALTH	AND MI	ENTAL HYGIEN			1 1 2 2
	1. DECEDENT'S NAME (First, Middle, Last)					-		. DATE OF DEATH			OF DEATH A
	RAY CLET	US D	ICKERS	NN				MONTH D		93 1:0	0 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 Y			. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (St Country)	tate or Foreign
	290-10-4537	1 🔀 M 2 🗌 F	84	YRS.	MONTHS DA	AYS HOURS	MIN.	6/15/08		OKLAHO	MZ
_	9e. FACILITY NAME (If not institution, give				9b. CITY, TO	WN OR LOCATI	ON OF DEAT		9c. COUN	TY OF DEATH	
10H	CUMBERLAND NUI	RSING H	OME		CUM	BERLA	ND		ATI	LEGANY	
EG :	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		Inc CITY	Y, TOWN OR L	OCATION			*****		
DIRECTOR	MARYLAND ALI	LEGANY		100. 011						10d. INSI LIMI	TS?
	10a. STREET AND NUMBER	JECAN I			LAV	ALE 101. ZIP COD	F		10c C(T)	EN OF WHAT COU	S 2 NO
FUNERAL	P.O. BOX 3047	7					502		1.0		NINT
S	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S.AR	MED	13. WAS			ORIGIN? (Specify Yes	U No-	S A 14. RACE Americ	ren Indian
	1 Never Married 2 Married 3. Widowed 4 Divorced	FORCES?	YES 2 X	40	If ye	yes 24 NO	n, Mexican, I	Puerto Rican, etc.)	31,119	Black, White, at	lc.
ВУ	325 Widowed 4 Divorced									WF	HITE
핃	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	/G	ive kind of v	USUAL OCCU	PATION og most of workir	ng	16b. KIND OF BUS	INESS/INDU	JSTRY	
片	Elementary/Secondary (0-12)	College (1-4 or 5	+)	MANA				TIR			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	tens tons		PIMINE	MEK		and the same	RUBBE			
ŭ U		ICKERSO	M					(First, Middle, Maiden	,		
m	19e. INFORMANT'S NAME (Type/Print)	TONDING		b. MAILING	ADDRESS (St			te Number, City or Town		Carle	
임	RAE ELLEN FINN	I						CUMBERL			502
	20a. METHOD OF DISPOSITION 1 🗵 Burlal 2 🗆 Cremation 3 🗆 Rem	novel from State	20b. PLACE	AND DATE O	F DISPOSITIO	N (Name of	1125	OATE 20c. LO	CATION C	ty or Town, State	302
	4 Donation 5 Other (Specify)		REST	LAWI	N MEM	ORIAL	GAR	4/12 L	VAT.	E. MD	
	21. DIGNATURE OF FUNERIAL SERVICE LI	CENSEE			22. NAN	E AND AOORE	SS OF FACIL	ITY		77 1117	
	· Dougkas	A Ha	fer		130	DER FU	INEKA PIONA	L SERVI	CE AVAT.	E. MD 1	21502
	23. PART i. Enter the diseases, or shock, or heart fellure.	Complications the	t caused the de	ath. Do n	ot enter the	mode of dyl	ng, such a	a cardlec or reaple	ratory arre	et, App	proximate
	IMMEDIATE CAUSE (Final				0 0	-					erval Batween set and Death
	disease or condition	8	W11	11/	-U. A.A.	F 1					
			1 4	h	supsy	unchi					
		DUE TO	(OR AS A CONSEC	DUENCE OF	aysyr	unchi					
NO	Sequentially list conditions,	b				uchi					
SATION	if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEC			uchi					
IFICATION	if any, leading to immediate	b. DUE TO		DUENCE OF):	uchi					
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO	(OR AS A CONSEC	DUENCE OF):	uch					
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSEC	DUENCE OF) ։						
ပ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	(OR AS A CONSEC	DUENCE OF) ։			rt I. 24a. WAS AN PERFOR		24b. WERE AUT AMALABLE	PRIOR TO
ပ	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSEC	DUENCE OF) ։			Pt I. 24a. WAS AN. PERFOR 1 □ YES 2	MED?	AMILABLE	PRIOR TO
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b	(OR AS A CONSEC	DUENCE OF) ։			PERFOR	MED?	COMPLETE OF DEATH	PRIOR TO
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MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b. DUE TO c. OUE TO d	(OR AS A CONSECTION OF AS A CONS	OUENCE OF	n the under	lying couse of	given in Pal	PERFOR 1 YES 2 only one)	MED?	COMPLETE OF DEATH	PRIOR TO ON DF CAUSE ?
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PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 27. MANNER OF DÉATH 1 Retural 5 Pending	b. DUE TO c. OUE TO d	(OR AS A CONSECTION OF AS A CONS	DUENCE OF	OTHER:	lying couse of the second of t	given in Pai	PERFOR 1 YES 2 only one) Other (Specify)	MED?	AMILABLE COMPLETI OF DEATH 1 YES	PRIOR TO ON DF CAUSE ?
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TED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Pletural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	b. DUE TO c. OUE TO d	(OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE	or HER: 4 Courses 4 Courses 4 Courses 4 Courses 5 Courses 6 Courses 6 Courses 7 Courses 7 Course 7 Course 8 Course 8 Course 8 Course 8 Course 9 Cou	6. PLACE OF DI Home 5 Re INJURY AT WORK? YES 2 dete and place,	EATH (Check eldence 6 20 NO 20 and due to 10 no 20 no	Only one) Other (Specify) In the description of the control of t	MED?	AMALABLE COMPLETI OF DEATH 1 YES URED We Rurel Route Numb.	E PRIOR TO ON DF CAUSE 2 NO ON OF
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Pletural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	b. DUE TO c. OUE TO d	(OR AS A CONSECTION OF THE CON	DUENCE OF DUENCE	or HER: 4 Courses 4 Courses 4 Courses 4 Courses 5 Courses 6 Courses 6 Courses 7 Courses 7 Course 7 Course 8 Course 8 Course 8 Course 8 Course 9 Cou	iying ceuse (6. PLACE OF DI Home 5 Re INJURY AT WORK? YES 2 Office dete and place, on, death occur	EATH (Check eldence 6 20 NO 20 and due to 10 no 20 no	only one) Other (Specily) Id. DESCRIBE HOW IN City or Town, State) The cause(a) and man e, data and place, and	MED?	AMALABLE COMPLETI OF DEATH 1 YES URED We Rurel Route Numb.	E PRIOR TO ON DF CAUSE ? 2 NO or.
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	b. DUE TO c. OUE TO d	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF	2 OTHER: 4 Mursing OF 28c/HY M 1 treet, factory, d at the lime, n, in my opinic	iying ceuse (6. PLACE OF DI Home 5 Re INJURY AT WORK? YES 2 Office dete and place, on, death occur	EATH (Check sidence 6 [26] NO 26 and due to the time	only one) Other (Specily) Id. DESCRIBE HOW IN City or Town, State) The cause(a) and man e, data and place, and	MED?	AMALABLE COMPLETI OF DEATH 1 VES URED A Rurel Route Numb d. ceuse(s) and meny	E PRIOR TO ON DF CAUSE ? 2 NO or.
COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Returel 5 Pending Investigation 3 Suicide 8 Could not be determined 29s. CERTIFIER (Check only one) MEDICAL EXAMINER	b. DUE TO c. OUE TO d	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF	2 OTHER: 4 Mursing OF 28c/HY M 1 treet, factory, d at the lime, n, in my opinic	6. PLACE OF DI Home 5 Re INJURY AT WORK? YES 2 office dete and place, on, death occur	EATH (Check sidence 6 [26] NO 26 and due to the time	only one) Other (Specily) Id. DESCRIBE HOW IN City or Town, State) The cause(a) and man e, data and place, and	MED?	AMALABLE COMPLETI OF DEATH 1 VES URED A Rurel Route Numb d. ceuse(s) and meny	E PRIOR TO ON DF CAUSE ? 2 NO or.
BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Accident 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	b. DUE TO c. OUE TO d	(OR AS A CONSECTION OF AS A CONS	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF DUENCE OF	2 OTHER: 4 Mursing OF 28c/HY M 1 treet, factory, d at the lime, n, in my opinic	iying ceuse (6. PLACE OF DI Home 5 Re INJURY AT WORK? YES 2 Office dete and place, on, death occur	EATH (Check sidence 6 [26] NO 26 and due to the time	only one) Other (Specily) Id. DESCRIBE HOW IN City or Town, State) The cause(a) and man e, data and place, and	MED?	AMALABLE COMPLETI OF DEATH 1 VES URED A Rurel Route Numb d. ceuse(s) and meny	E PRIOR TO ON DF CAUSE ? 2 NO or.



BALTIMORE, MARYLAND 21215-0020

des.

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al,	be fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached it	TO THE FLINERAL PRECIOR After this continuate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in
er death. Page 6 may be retained by the hospita	THE DOWN THE DESTRUCTION OF THE LAW REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND /	DEPAR	RTMENT	OF H	EALTH	AND I	MENTA			93	121	000	
	1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	. 01	DEA	-	2. DATE	REG. NO			3. TIME OF D	DEATH	
1	Grace Am	ıanda						April 19, 1993			10000000				
1	4. SOCIAL SECURITY NUMBER	5. SEX 6.							7. DATE OF BURTH						
	175-44-1625 9e. FACILITY NAME (If not institution, give stree	1 □ M 2 📉 F	84	YRS.	MONTHS DAYS HOURS MIN.				3-2	3-27-1909			PA.		
CC		9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH							
5	Physicians Memorial Hospital La						lata				Charles				
DIRECTOR	PA. 106. COUNTY Allegheny				Sewickley								10d. INSIDE CITY LIMITS? 1 2 YES 2 NO		
FUNERAL	308 Ohio River Blvd.					15143					10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
J.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM 1 Never Married 2 Married FORCES? 1 YES 25. N				MED 13. WAS DECENDENT OF HISPAN IO If yes, specify Cuban, Mexica								RACE — American Indian, Black, White, atc.		
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES				2 XNO			Hican, etc.)		Specify			
<u>B</u>	15. DECEDENT'S EDUCA' (Specify only highest grade co	TION	16a. DE	CEDENT'S	USUAL OC	CUPATIO	N	_	166	. KIND OF BUS	SINESS/INC	USTRY			
l iii		College (1-4 or 5+)	life.	Do NOT us	work done d se retired.)	luring mos	st of workin	g							
COMPLETED	8		Ho	use	Wif	e				Home	2				
00 =	17. FATHER'S NAME (First, Middle, Lest) George Adam Sch	aming								Middle, Maiden aret		Scl	hamin	19	
BE (19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street ar				ber, City or Tow				0	
٤,	arol Sery									White			.Md.	2069	
	20a. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Remove	al from State	20b. PLACE A	ND DATE (OF DISPOSI	TION (Na	me of		DAT	E 20c LO	CATION	Othe on Tou	um Cámba		
1 by Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) St. James Church Cem. 4/23/9 Sewickley, I															
AREHART-ECHOLS FUNER LaPlata, MD. 20646												AL HOME, INC.			
	23. PART I. Enter the diseases, or cor shock, or heert fellure. Lie	nplications that ce	used the de	eth. Do r	not enter	the mod	de of dyl	ng, sucl	h aa card	liec or reapi	ratory arr	eat,	Approx		
	IMMEDIATE CAUSE (Finel	tonly one cause	on eech line.	-				_	,					Between and Death	
	disease or condition resulting in death)	Car	- che	-	a	1	her	1 6	m	-					
	DUE TO (OR AS A CONSEQUENCE OF):														
8	Sequentially list conditions, " Thyproflee incaphalography														
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	130	AS A COMSEQ	PENCE OF	· a	<u>_</u>			•				1		
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQ	SIENCE OF	1			~					1		
듄	resulting in deeth) LAST				7								İ		
핑															
AL	PART II. Other aignificent conditions	contributing to dea	ith bul not re	auiting i	n the un	deriying	cause g	iven in	Part I.	24a, WAS AN PERFOR	AUTOPSY MED2		WERE AUTOPS AVAILABLE PRI		
MEDICA	1 Vec 25th										COMPLETION (
M	on young worky. Efecting and 1 yes 2											□ NO			
ÿ	around require	of a	new						1					1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		_	OTHER		ACE OF DE	ATH (Che	ack only on	e)					
YS		Copation 2 DER		DOA	4 D Numi		5 □ Res	skdence	6 🗆 Othe	(Specify)					
	1 Netural 5 Pending	(Month, Day, H	JREY Hele)	29b. TIMI INJ	LOP	WOR	HC7		SMY DES	CRIBE HOW I	LIURY OCC	URED			
B	2 Accident Investigation	76- BY ACC OF 191	*	M 1 YES 2 NO											
TED	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Specify) 28s. LOCATION (Specify) 28s. LOCATION (Specify)													
2	29s. CERTIFIER (Check only	N: To the best of my	knowledge, dea	th occurre	d at the tin	ne, date i	and place	and due	to the cer	sa(s) and man	ner ee etek	4			
COMPLET	one) 2 MEDICAL EXAMINER:												end manner s	ne stated.	
11		V =		-,	4	<u> </u>	29c. LICE								
	29b. SIGNATURE AND TITLE OF CERTIFIER		m (Tree (hitcheld be M) D-00270											ref)	
	296. SIGNATURE AND TITLE OF CERTIFIER	hitch	W,	m.	1011	7 I	D-	-083	70	J	> 7	114	7/5	> 1	
TO BE	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE O	F DEATH (ITEM	27) (Type,	Print)		D-	0837	70		▶ 7	//9	919	3	
00	30. NAME AND ADDRESS OF PERSON WHO C					P C				I.aP1	▶ 7	// <u>{</u>	20646	3	
00	30. NAME AND ADDRESS OF PERSON WHO C		aGrang	e Av	e.,	P. (LaPla	▶ 7	ld.	9/9 20646	3	

